



**PIMS**

**PATIENT INFORMATION  
MANAGEMENT SYSTEM  
(formerly MAS)**

**TECHNICAL MANUAL**

Version 5.3

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Department of Veterans Affairs  
Technical Services  
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# Preface

The PIMS Technical Manual is comprised of discrete sections which detail various technical characteristics of the DHCP PIMS software product. This manual was produced by the Albany Information Resource Management Field Office to provide necessary information for use in the technical operation of the PIMS software. It should be noted that this manual is intended for use by technical computer personnel and is not designed for use by the typical end user.

## Preface

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# Introduction

The DHCP PIMS package provides a comprehensive range of software supporting the administrative functions of patient registration, admission, discharge, transfer, appointment scheduling, and beneficiary travel. Its functions apply throughout a patient's inpatient and/or outpatient stay from registration, eligibility and Means Testing through discharge with on-line transmission of PTF (Patient Treatment File) data and/or OPC (Outpatient Clinic) data to the Austin Automation Center (AAC). The ADT module aids in recovery of cost of care by supplying comprehensive PTF/RUG-II options and Means Test options.

The ADT and Scheduling modules of PIMS are fully integrated with the VA FileMan, thus allowing ad hoc reports to be extracted by non-programmer personnel. ADT is integrated with Version 2.1 of the Fee Basis software allowing Fee personnel to register patients through a select Fee option.

Related manuals include the PIMS User Manual, the PIMS Release Notes which describe version specific changes to the PIMS package, and PIMS Installation Guide.

Several features have been designed into the PIMS package to maximize efficiency and maintain control over user access of specified sensitive patient records. The Consistency Checker reduces entry of inaccurate information by warning the user about incompatible or missing data. The Patient Sensitivity function allows a level of security to be assigned to certain records within a database in order to maintain control over unauthorized access. The Patient Lookup screens user access of these sensitive records, as well as providing for more efficient and faster retrieval of patient entries.

Tracking and calculation of data is performed transparently by the system to provide a variety of reports which assist in day-to-day operations as well as provide management with the necessary information to analyze workload and promote quality of care. Highlights include the following.

- Automation of the Daily Gains and Losses Sheet and Bed Status Report
- Inpatient Listings
- Seriously Ill Listings
- Bed Availability Reports
- AMIS Reporting
- Disposition Reporting

- Incomplete Records Tracking (IRT)
- Generic code sheets for reporting AMIS segments
- Automation of Appointment Status Update

With v2.5 of Order Entry/Results Reporting, OE/RR notifications for PIMS may be displayed for admissions, death discharges, deaths, and unscheduled (1010) visits. The notifications (ADMISSION, DECEASED, and UNSCHEDULED (1010) VISIT) will be displayed for patients who are defined as members of a list in the OE/RR LIST file (#100.21). The recipients of the notifications would need to be defined as users in the same OE/RR LIST entry. The notifications will appear as "alerts" when the user is prompted to select an option from a menu. Please refer to the documentation for Order Entry/Results Reporting for more information concerning OE/RR notifications.

### **Primary Care Management Module (PCMM)**

The Primary Care Management Module was developed to assist VA facilities in implementing primary care. It will support both primary care teams and non-primary care teams. PCMM's functionality is divided into eight areas.

1. Setup & Define Team
2. Assign Staff to Positions in Teams
3. Assign Patient to Team
4. Assign Patient to Practitioner via Team Position and Enroll in a Clinic
5. Reports/Outputs/Mail Messages
6. Tools to Ease Startup Process of Primary Care
7. Other Changes to Scheduling Package
8. Application Program Interface (API) calls

The PCMM release will use a Graphical User Interface (GUI) to control the startup, setup, and assignment functions. To use the functionality in the PCMM, a site will need a Microsoft Windows™ workstation which has a connection to DHCP (either LAN or serial connection) for each location where a patient or staff member is assigned to a team. A typical site will want one workstation for each team, one for the MAS ADPAC, plus one for the manager in charge of primary care. Existing Scheduling functionality will continue to be useable from "roll and scroll" terminals.

# Orientation

The PIMS Technical Manual has been divided into major sections for general clarity and simplification of the information being presented. This manual is intended to be a reference document. While the user is free to review the document from cover-to-cover, it is best used by selecting specific sections which contain the information sought for a particular need.

Information concerning package security may be found in the Security section of this manual.

## Note to Users With "QUME" Terminals

It is very important that you set up your Qume terminal properly. After entering your access and verify codes, you will see the following prompt.

```
Select TERMINAL TYPE NAME: {type}//
```

Please make sure that C-QUME is entered here. Once you enter this, it will become the default and you can then enter <RET> for all subsequent log-ins. If any other terminal type configuration is set, options using the List Manager utility (such as Appointment Management and Scheduling Parameters) will neither display nor function properly on your terminal.

## Orientation

# General Information

## Namespace Conventions

The namespaces assigned to the PIMS package are DG, DPT, SD, SC, and VA.

## Background Job Options

<u>OPTION NAME</u>	<u>SUGGESTED RUN FREQUENCY</u>	<u>DEVICE REQUIRED</u>	<u>REMARKS</u>
DG G&L RECALCULATION AUTO	Nightly	NO	Recommended to run @ 9PM
DGJ IRT UPDATE ( BACKGROUND )	Nightly after midnight	NO	Schedule in TaskMan
DG PTF BACKGROUND JOB	Nightly	NO	Run during off-hours
DG RUG BACKGROUND JOB	Daily	YES	
DG RUG SEMI ANNUAL - TASKED	*	YES	*Queued in advance to run on 10/1 and 4/1
SCDX AMBCAR NIGHTLY XMIT	Nightly	NO	Collects work-load information and sends it to NPCDB in Austin via HL7 messages
SDAM BACKGROUND JOB	Nightly	NO	May be run with or without OPC generation option
SDCRSSDAU	Nightly	NO	Automatically runs nightly
SDOQM PM NIGHTLY JOB	As directed	YES	Suggested run time @ 2AM
VAFED EDR PROCESS EVENTS	Nightly	NO	After midnight

**E-Mail Notifications**

Below is a list of the E-Mail notifications associated with the utilization of options in PIMS V. 5.3 listed in alphabetical order by option name.

<u>OPTION</u>	<u>SUBJECT</u>	<u>ROUTINE</u>
099 Transmission	PTF 099 099 Transmission for Census Record	DGPTF099 DGPTF099
099 Transmission for Census Record	PTF 099	DGPTF099
Any option where a look-up on a sensitive patient record occurs and the user does not hold the DG SENSITIVITY security key.	Restricted Patient Record Accessed	DGBUL (called by DGSEC)
Any Scheduling option that involves patient appointments.	Means Test Required	DGMTREQB
Admit a Patient	Building Management Future Activity Scheduled (includes scheduled admissions on file and waiting list entries) UR Admission Bulletin New Patient Added to System Non-Veteran Admission Veteran Admission Without Verified Eligibility Inpatient Admission for {name}	DGPMVBM DGPMVBUL  DGPMVBUR DGPATN DGPMVBUL DGPMVBUL SCMCPM
AMIS 401-420 Reports	Pending/Open Dispositions	DGA4003
Appointment Management	Late OPC Related Activity	SDAMEVT1
Appointment Status Update	No Action Taken Appointment Update	SDAMQ1
Appointment Status Update (Background job)	No Action Taken Appointment Update	SDAMQ1
Automatic Stop Code Entry	Stop Code Background Errors	SDSTP1

<u>OPTION</u>	<u>SUBJECT</u>	<u>ROUTINE</u>
Auto-recalculation of G&L Statistics	Auto recalc Start/Finish Bulletin	DGPMBSAB
Check-in Lodger	Building Management	DGPMVBM
Check-In Unscheduled Visit	Late OPC Related Activity	SDAMEVT1
Collateral Patient Register	Inconsistency Edit New Patient Added to System Patient Deleted Patient Name Changed SSN Change	DGRPCB DGPATN DGPATN DGPATN DGPATN
Death Entry	Patient Has Expired	DGDEATH
Discharge a Patient	Building Management Patient Has Expired Inpatient Discharge for {name}	DGPMVBM DGDEATH SCMCPM
Edit Clinic Enrollment Data	Enrollment Patient-Clinic Enrollment for {name}	SCMCCON
Eligibility Verification	Inconsistency Edit New Patient Added to System Patient Deleted Patient Name Changed SSN Change	DGRPCB DGPATN DGPATN DGPATN DGPATN
Extended Bed Control	Building Management Patient Has Expired Inpatient Admission for {name} Inpatient Discharge for {name} Inpatient Transfer for {name}	DGPMVBM DGDEATH SCMCPM SCMCPM SCMCPM
Gains and Losses (G&L) Sheet	Transmit Overdue Absence	DGABUL (called by DGPMGL1)

General Information

<u>OPTION</u>	<u>SUBJECT</u>	<u>ROUTINE</u>
Generate OPC File	Corrupt Entry in Means Test File found in OPC Generation	SDOPC0
	Generate OPC File Statistics Summary	SDOPC
	Inconsistent Dependent Info Found in OPC Generation	SDOPC0
IRT Update Std. Def. Background Job	Patients Discharged Less than 48 hours	DGJBGJ
IRT Update Std. Deficiencies	Patients Discharged Less than 48 hours	DGJBGJ
Load/Edit Patient Data	Inconsistency Edit	DGRPCB
	New Patient Added to System	DGPATN
	Patient Deleted	DGPATN
	Patient Name Changed	DGPATN
	SSN Change	DGPATN
	Embossers (on hold status)	DGQEMP
	Embosser Error	DGQEMP
Lodger Check-out	Building Management	DGPMVBM
Make Appointment	Late OPC Related Activity	SDAMEVT1
Make Consult Appointment	Enrollment Patient-Clinic	SCMCCON
	Enrollment for {name}	
	Appointment Patient-Clinic	SCMCCON
Appointment for {name}		
OPC Delete Visit Code Sheet Generate/Transmit	<Station#> OPC DEL Code Sheet	SDOPCDEL
	Inconsistent Dependent Info Found in OPC Generation	SDOPC0
Pending/Open Disposition List	Number of Pending Dispositions Found	DGA4003
Primary Eligibility ID Reset (All Patients)	Reset Primary Eligibility ID Format	VADPT61
PTF Transmission	PTF Record Reopened	DGPTFTR3
	PTF Transmission	DGPTFTR
	PTF Transmission Statistics Summary	DGPTFTR3

<u>OPTION</u>	<u>SUBJECT</u>	<u>ROUTINE</u>
Purge Appointment Status Update Log File	Appointment Status Update Log Purge	SDAMLD
Purge Special Transaction Request Log	Purge PTF Special Transaction Log	DGPTRPO
Regenerate Census Workfile	Census Workfile Update	DGPTCR
Register a Patient	Inconsistency Edit New Patient Added to System Patient Deleted Patient Name Changed SSN Change	DGRPCB DGPATN DGPATN DGPATN DGPATN
Reset All IDs For All Patients	Reset All ID Formats For All Patients	VADPT61
Specific Eligibility ID Reset (All Patients)	Reset Specific Eligibility ID Format	VADPT61
Specific ID Format Reset	Reset ID Format	VADPT61
Switch Bed	Building Management	DGPMVBM
Transfer a Patient	Building Management	DGPMVBM
Transmission of OPC Data	OPC Data, Message # <#> OPC Transmission Statistics Summary	SDTRAN1 SDVADAT SDTRAN4
Transmission via VADATS	Rug-II Transmission, Message # <#>	DGRUGDR
Transmit Census Records	Census Transmission Census Transmission Statistics Summary Census Record Reopened	DGPTFTR DGPTFTR3 DGPTFTR3
Transmit/Generate Release Comments	MAS V <#> Installation, <site>	DGVREL2
Validity Check of PTF Record	<Patient Name> PTF Transmission	DGPTFVC

## General Information

### **E-Mail Notifications Generated by Background Job Options**

<u>BULLETIN</u>	<u>SUBJECT</u>	<u>ROUTINE</u>
DGQE PHOTO CAPTURE	Transmission of data to photo	DGQEHL70
SCDX AMBCARE TO NPCDB SUMMARY	Transmission of data to NPCDB Completed	SCDXMSG
SDOQM DATA CAPTURE	Access PM Extract from {site name}	SDOQMP
SDOQM PM EXPIRATION	PM Extract Expiration	SDOQMP0

### **Integrity Checker**

PIMS uses the KIDS integrity checker. Under the installation option of the Kernel Installation Distribution System menu, select Verify Checksums in Transport Global to ensure that the routines are correct.

### **SACC Exemptions/Non-Standard Code**

The following are the steps you may take to obtain the SACC exemptions for the PIMS package.

1. FORUM
2. DBA Menu
3. SACC Exemptions Menu
4. Display Exemptions for a Package Option
5. Select SACC Exemptions package: ADT  
SD

### **Resource Requirements**

#### Algorithms

65.1           ADT TU  
                  (#101.2/13,750)  
                  (Patients Treated/13,750)

- 65.2           ADT DISK  
 (#101.2/1000) + (#14.11/10)  
 (Patients Treated/1000) + (Wards/10)
- 66.1           REG TU  
 MAX(#14.2/125,000,.04)  
 (Applications/125,000) (minimum .04)
- 66.2           REG DISK  
 MAX(#14.2/200,1)  
 (Applications/200) (minimum 1 MB)
- 67.1           SCH TU  
 #103/215,000  
 (Outpatient Visits/215,000)
- 67.2           SCH DISK  
 (#14.42\*12) + (#103\*1.7)/1000  
 ((Clinics\*12) + (Outpatient Visits\*1.5)/1000)
- 64.1           PTF TU  
 \$\$(#101.2:MAX(101.2/65,000,.05,1:0)  
 (Patients Treated/65,000) (minimum .05)
- 64.2           PTF DISK  
 (#101.2/1700)  
 (Patients Treated/1700)

PCMM uses the following globals: ^SD, ^SCPT, ^SCTM, ^SCRS.  
 It is not anticipated that the PCMM files will make a significant impact on disk space usage.

## General Information

## Implementation and Maintenance

The PIMS package may be tailored specifically to meet the needs of the various sites. Instructions may be found in Volumes I and II of the User Manual under Sections 11 (Supervisor ADT) and 6 (Supervisor) respectively. A variety of options are included in these sections allowing each site to define its own configuration. The ADT portion of the PIMS package will function around the parameters defined through the MAS Parameter Entry/Edit option while the Scheduling portion parameters are defined through the Scheduling Parameters option. A great many other options are included in these Supervisor Sections which assist in site configuration and maintenance functions. Among them are options which allow for specification of mail groups to receive certain bulletins, definition of devices, designation of transmission routers, entry/edit of Means Test data, ward set-up, and clinic set-up. All configurations may be modified at any time as the site's needs change.

The SCHEDULING PARAMETERS file (#404.91) may be used to modify the behavior of PCMM. The USE USR CLASS FUNCTIONALITY? field (#801) can be used to turn on/off the user class functionality provided by the Authorizations/Subscriptions software. This functionality allows certain staff members/users (especially clinicians) to be classified in a very specific manner (e.g., cardiologist), and yet the software can determine that the staff member is a member of a more general class (e.g., provider). If a site has A/S installed prior to the PCMM installation, PCMM will default to use the user class functionality. Sites that have not populated the USR CLASS MEMBERSHIP file (#8930.3) for their potential team members should have this parameter set to NO. Sites that have fully populated this file should set this parameter to YES because the assignment of staff members to teams will be less error-prone and faster than the unscreened selection from the NEW PERSON file (#200).

The CHECK PC TEAM AT DISCHARGE? field (#802) can be used to turn off the PCMM functionality which, upon inpatient discharge, checks the patient's primary care assignments. If the patient has current primary care data, it is displayed. If the patient does not have a current primary care team assignment, the user will be prompted to assign the patient to a primary care team.

The ENABLE AUTOLINK FUNCTIONALITY? field (#803) should be turned off until OE/RR is installed. Although there is no harm in allowing users to add/edit autolink data, this will not be usable until OE/RR is installed. The autolink functionality was added for use by OE/RR teams.

## **Eligibility ID/Maintenance Menu**

The Eligibility/ID Maintenance Menu provides the options needed to accommodate VA/DOD sharing agreement requirements with regard to Patient Identification Number. For most medical centers, the PT ID will be the social security number of the patient and the SHORT ID will be the last four digits of the patient's social security number. For those sites with DOD sharing agreements using VA/DOD software developed by the Dallas ISC, the PT ID will be determined by the ID number given that patient by the military.

For most sites, each eligibility simply needs to be associated with the VA STANDARD format. This association was first accomplished during the post-init of MAS v5.0.

Other than The Primary Eligibility ID Reset (All Patients) option, the remaining six options would only be used by DOD sites using VA/DOD software developed by the Dallas ISC. They should not be run without Central Office and/or DOD approval/direction. Please contact your local ISC for guidance if you feel your site needs to utilize these options.

Below is a brief description of each option and its utilization.

**PRIMARY ELIGIBILITY ID RESET (ALL PATIENTS)** - This option will set/reset the IDs associated with each patient's primary eligibility code. This utility will be called when first installing the new eligibility data structure. It will run automatically as part of the MAS clean-up routine process. The option can be executed multiple times with no harmful effects. It should be run during non-peak hours, preferably over a weekend. A MailMan message will be sent to the user when the job is completed showing the start and completion date/time.

**ELIGIBILITY CODE ENTER/EDIT** - This option allows the user to enter/edit eligibility codes used by the site. It should be run for all **ELIGIBILITY** file entries to associate each entry with an **MAS Eligibility code** and an **Identification Format**. An example of utilizing the option follows. User responses are shown in boldface type.

```
Select ELIGIBILITY CODE NAME:  MARINE CORPS
  ARE YOU ADDING 'MARINE CORPS' AS A NEW ELIGIBILITY CODE (THE 5TH)?    YES
  ELIGIBILITY CODE MAS ELIGIBILITY CODE:  OTHER FEDERAL AGENCY    4
NAME: MARINE CORPS//  <RET>
ABBREVIATION:  MC
PRINT NAME:  MARINE CORPS    (Enter abbreviated Eligibility Code name for
                                output in limited space)
INACTIVE:  <RET>                (Null response for active; 1 - YES for inactive)
MAS ELIGIBILITY CODE: OTHER FEDERAL AGENCY//  <RET>
ID FORMAT:  DOD
AGENCY:  ARMY
Select SYNONYM:  <RET>
```

**ID FORMAT ENTER/EDIT** - This option allows the user to enter/edit Identification formats with description.

**RESET ALL IDS FOR A PATIENT** - This option is used to reset the corresponding IDs for all eligibilities for a single patient. The patient's eligibilities will be listed as the ID is reset. This utility would be used if, for some reason, a patient's ID got corrupted.

**RESET ALL IDS FOR ALL PATIENTS** - This option resets all IDs corresponding to each of the patient's eligibilities. The option should be executed during non-peak hours. When the job is completed, a MailMan message will be generated to the user showing the start and completion date/time.

**SPECIFIC ELIGIBILITY ID RESET (ALL PATIENTS)** - After prompting for an eligibility code and queue-to-run time, this option will update the IDs for all patients having the selected eligibility. This utility would allow a site to update their database with the new value if the **ID FORMAT** field in the **ELIGIBILITY CODE** file changed. The option should be run during off hours. When the job is completed, a MailMan message will be generated to the user showing the start and completion date/time.

**SPECIFIC ID FORMAT RESET** - This option prompts for an ID format; then, all patients that have eligibility codes associated with that ID format will have their IDs reset. The utility allows sites to update their database if the **DEFAULT LONG ID VALUE CODE** field in the **IDENTIFICATION FORMAT** file was modified. This option should be executed during off hours. When the job is completed, a MailMan message will be sent to the user showing the start and completion date/time.

### **Station Number (Time Sensitive) Enter/Edit (D ^VASITE0)**

The **STATION NUMBER (TIME SENSITIVE)** file (#389.9) is used to hold the time sensitive station number data. This file was initially populated by the post init routine for MAS v5.2. One entry was created for each medical center division with an effective date of Jan 1, 1980. It is not necessary to modify this data unless the station number for a division changes or a new division is added. Entering a new medical center division name through the Supervisor ADT Menu of the ADT module of PIMS will automatically create a new entry in this file. New divisions may not be added through this routine entry point.

The **Station Number (Time Sensitive) Enter/Edit** routine entry point is used to change an existing station number or enter a new station number for a new division. If you are changing a station number for a division, you should enter a new effective date and the new station number for that division. Once a new division has been added, you should select the new division and enter the effective date and new station number. The **IS PRIMARY DIVISION** field should be set to **YES** for the division where the station number has no suffix. Only one division may be primary at any given time.

**NOTE:** In MAS v5.2, VA Station Number Maint. option was available to enter new and edit old division station numbers. A few sites used this option inappropriately which could have caused OPC and PTF data transmission problems. Since site facility numbers rarely change, it was decided to remove this option. The functionality is available by running the **^VASITE0** routine while in programmer's mode.

# Routines

## Routines To Map

It is recommended that the following be mapped:

DG10\*, DGDEP\*, DGINP, DGINPW, DGLOCK\*, DGMTA\*, DGMTCOR, DGMTCOU\*, DGMTDD\*, DGMTE\*, DGMTP\*, DGMTR, DGMTSC\*, DGMTU\*, DGMTX\*, DGPMBS\*, DGPMDD, DGPMDD1, DGPMDD2, DGPMDDCN, DGPMGL\*, DGPMLOS, DGPMSTAT, DGPMV\*, DGPTF, DGPTF1, DGPTF2, DGPTF4\*, DGPTFD, DGPTFJ, DGPTFTR, DGPTICD, DGPTR\*, DGPTSU\*, DGPTTS\*, DGREG\*, DGRP\*, DGSEC, DGUTL, DPTDUP, DPTLK\*, SCAP\*, SCUTBK\*, SCMCT\*, SDACS\*, SDAM\*, SDAMBAE\*, SDCO\*, SDDIV, SDM\*, SDROUT\*, SDUL, SDVSIT\*, SDXACS\*, VADPT\*, VAFEDCAP, VAFEDG, VALM, VALM0, VALM00, VALM1, VALM10, VALM11, VALM2, VALM4, VALM40.

Also map the routines generated by compiled templates:

DGJX\*, DGPMX\*, DGPTX\*, DGRPTX\*, DGRPX\*, SDAP\*, SDAMXOE\*, SDBT\*, SDM1T\*, SDX\*.

## Callable Routines

\$\$INSTPCTM^SCAPMC	Institution & team for pt's pc team
\$\$PRCL^SCAPMC	Practitioners for a Clinic
\$\$PRPT^SCAPMC	Practitioners for a Patient
\$\$PRTM^SCAPMC	Practitioners for a Team
\$\$PTTM^SCAPMC	Patients for a Team
\$\$\$SITE^VASITE	Obtain Station Number Information
\$\$TMPT^SCAPMC	Teams for a Patient
DGINPW	Obtain Inpatient Status
DGPMLOS	Obtain Length of Stay by Admission
EN3^SDACS	Add Stop Codes/CPT Codes
SDUTL3	Utility to enter and view primary care fields
VACPT	Display CPT Copyright Info
VADATE	Generic Date Routine
VADPT	Obtain Patient Information
VALM	List Manager
VAFMON	Obtain Income or Dependent Information
VATRAN	Establish VADATS Transmission Variables
VATREDIT	Enter/Edit TRANSMISSION ROUTERS File
VAUQWK	Quick Lookup for Patient Data
VAUTOMA	Generic One, Many, All Routine

See the Package-Wide Variables section of this manual for entry points.

**Compiled Template Routines**

It is recommended you recompile the following templates at 4000 bytes.

**Input Templates**

<u>FILE #</u>	<u>TEMPLATE NAME</u>	<u>ROUTINES</u>
2	DG CONSISTENCY CHECKER	DGRPXC*
	DG LOAD EDIT SCREEN 7	DGRPXX7*
	DGRP COLLATERAL REGISTER	DGRPXCR*
	DGRPT 10-10T REGISTRATION	DGRPTXE*
	SDM1	SDM1T*
40.8	DGTS	DGXTS
44	SDB	SDBT*
45	DG PTF CREATE PTF ENTRY	DGPTXC*
	DG PTF POST CREATE	DGPTXCA*
	DG 101	DGPTX1*
	DG 401	DGPTX4*
	DG 501	DGPTX5*
	DG 501F	DGPTX5F*
	DG 701	DGPTX7*
45.5	DG PTF ADD MESSAGE	DGPTXMS*
393	DGJ EDIT IRT RECORD	DGJXE*
	DGJ ENTER IRT RECORD	DGJXA*

<u>FILE #</u>	<u>TEMPLATE NAME</u>	<u>ROUTINES</u>
405	DGPM ADMIT	DGPMX1*
	DGPM TRANSFER	DGPMX2*
	DGPM DISCHARGE	DGPMX3*
	DGPM CHECK-IN LODGER	DGPMX4*
	DGPM LODGER CHECK-OUT	DGPMX5*
	DGPM SPECIALTY TRANSFER	DGPMX6*
	DGPM ASIH ADMIT	DGPMXA*
408.21	DGMT ENTER/EDIT ANNUAL INCOME	DGMTXI
	DGMT ENTER/EDIT EXPENSES	DGMTXE
	DGRP ENTER/EDIT ANNUAL INCOME	DGRPXS
	DGRP ENTER/EDIT MON BENEFITS	DGRPXMB
408.22	DGMT ENTER/EDIT DEPENDENTS	DGMTXD
	DGMT ENTER/EDIT MARITAL STATUS	DGMTXM
408.31	DGMT ENTER/EDIT COMPLETION	DGMTXC
409.5	SDAMBT	SDXA*
	SDXACSE	SDXACSE*
409.68	SD ENCOUNTER ENTRY	SDAMXOE*

## Routines

### Print Templates

<u>FILE #</u>	<u>TEMPLATE NAME</u>	<u>ROUTINES</u>
45	DG PTF PT BRIEF LIST	DGPTXB*
45.86	DGPT QUICK PROFILE	DGPTXCP*
409.65	SDAMVLD	SDAMXLD
409.71	SD-AMB-PROC-DISPLAY	SDXAMB*
409.72	SD-AMB-PROC-LIST	SDXLST*
409.81	SD-AMB-RAM-DISPLAY	SDXRAM

### Compiled Cross-Reference Routines

<u>FILE #</u>	<u>FILE NAME</u>	<u>ROUTINES</u>
45	PTF	DGPTXX*
405	PATIENT MOVEMENT	DGPMXX*
408.21	INDIVIDUAL ANNUAL INCOME	DGMTXX1*
408.22	INCOME RELATION	DGMTXX2*
408.31	ANNUAL MEANS TEST	DGMTXX3*

**Routine List**

The following are the steps you may take to obtain a listing of the routines contained in the PIMS package.

1. Programmer Options Menu
2. Routine Tools Menu
3. First Line Routine Print Option
4. Routine Selector: DG\* (ADT)  
SD\* (Scheduling)

## Routines

# Files

## Globals and Files

The main globals used in the PIMS package are ^DG, ^DPT, ^DGPM, ^SC, and ^SCE. The main files are PATIENT, PATIENT MOVEMENT, MAS MOVEMENT TYPE, PTF, CENSUS, WARD LOCATION, and HOSPITAL LOCATION. The PIMS Package also uses globals ^DGSL, ^DGIN, ^DGS, ^DGAM, ^DGWAIT, ^DGPR, ^DGMT, ^DGPT, ^DGM, ^DGP, ^ICPT, ^VA, ^VAS, ^DGBT, ^VAT, ^DIC, ^SCTM, ^SDASF, ^SDASE, ^SDV, ^SD, ^SDD.

Journalling of the following globals is mandatory: ^DPT, ^DGBT, ^DGPT, ^DGPM, ^SDV, ^SC, ^SCE, ^SCTM, ^SDD. Journalling of the following globals is optional: ^DGS, ^DG.

## PIMS File List

<u>FILE NUMBER</u>	<u>FILE NAME</u>	<u>GLOBAL</u>
2	PATIENT	^DPT(
5	STATE	^DIC(5,
8	ELIGIBILITY CODE	^DIC(8,
8.1**	MAS ELIGIBILITY CODE	^DIC(8.1,
8.2*	IDENTIFICATION FORMAT	^DIC(8.2,
10*	RACE	^DIC(10,
11**	MARITAL STATUS	^DIC(11,
13*	RELIGION	^DIC(13,
21**	PERIOD OF SERVICE	^DIC(21,
22**	POW PERIOD	^DIC(22,
23*	BRANCH OF SERVICE	^DIC(23,
25*	TYPE OF DISCHARGE	^DIC(25,
30**	DISPOSITION LATE REASON	^DIC(30,
35*	OTHER FEDERAL AGENCY	^DIC(35,
37**	DISPOSITION	^DIC(37,
38.1	DG SECURITY LOG	^DGSL(38.1,
38.5	INCONSISTENT DATA	^DGIN(38.5,
38.6**	INCONSISTENT DATA ELEMENTS	^DGIN(38.6,
39.1*	EMBOSSED CARD TYPE	^DIC(39.1,
39.2*	EMBOSSING DATA	^DIC(39.2,
39.3	EMBOSSER EQUIPMENT FILE	^DIC(39.3,
39.4	ADT/HL7 TRANSMISSION	^DIC(39.4,
40.1	OPC	^SDASF(
40.15	OPC ERRORS	^SDASE(
40.7*	CLINIC STOP	^DIC(40.7,
40.8	MEDICAL CENTER DIVISION	^DG(40.8,
40.9**	LOCATION TYPE	^DIC(40.9,

Files

<u>FILE NUMBER</u>	<u>FILE NAME</u>	<u>GLOBAL</u>
41.1	SCHEDULED ADMISSION	^DGS(41.1,
41.9	CENSUS	^DG(41.9,
42	WARD LOCATION	^DIC(42,
42.4*	SPECIALTY	^DIC(42.4,
42.5	WAIT LIST	^DGWAIT(
42.55**	PRIORITY GROUPING	^DIC(42.55,
42.6	AMIS 334-341	^DGAM(334,
42.7	AMIS 345&346	^DGAM(345,
43	MAS PARAMETERS	^DG(43,
43.1	MAS EVENT RATES	^DG(43.1,
43.11**	MAS AWARD	^DG(43.11,
43.4**	VA ADMITTING REGULATION	^DIC(43.4,
43.5	G&L CORRECTIONS	^DGS(43.5,
43.61	G&L TYPE OF CHANGE	^DG(43.61,
43.7**	ADT TEMPLATE	^DG(43.7,
44	HOSPITAL LOCATION	^SC(
45	PTF	^DGPT(
45.1**	SOURCE OF ADMISSION	^DIC(45.1,
45.2	PTF TRANSFERRING FACILITY	^DGTF(
45.3*	SURGICAL SPECIALTY	^DIC(45.3,
45.4*	PTF DIALYSIS TYPE	^DG(45.4,
45.5	PTF MESSAGE	^DGM(
45.6*	PLACE OF DISPOSITION	^DIC(45.6,
45.61*	PTF ABUSED SUBSTANCE	^DIC(45.61,
45.62	PTF ARCHIVE/PURGE HISTORY	^DGP(45.62,
45.64*	PTF AUSTIN ERROR CODES	^DGP(45.64,
45.68	FACILITY SUFFIX	^DIC(45.68,
45.7	FACILITY TREATING SPECIALTY	^DIC(45.7,
45.81*	STATION TYPE	^DIC(45.81,
45.82*	CATEGORY OF BENEFICIARY	^DIC(45.82,
45.83	PTF RELEASE	^DGP(45.83,
45.84	PTF CLOSE OUT	^DGP(45.84,
45.85	CENSUS WORKFILE	^DG(45.85,
45.86*	PTF CENSUS DATE	^DG(45.86,
45.87	PTF TRANSACTION REQUEST LOG	^DGP(45.87,
45.88*	PTF EXPANDED CODE CATEGORY	^DIC(45.88,
45.89*	PTF EXPANDED CODE	^DIC(45.89,
45.9	PAF	^DG(45.9,
45.91	RUG-II	^DG(45.91,
47**	MAS FORMS AND SCREENS	^DIC(47,
48**	MAS RELEASE NOTES	^DG(48,
48.5**	MAS MODULE	^DG(48.5,
389.9	STATION NUMBER (TIME SENSITIVE)	^VA(389.9,
391**	TYPE OF PATIENT	^DG(391,
391.1	AMIS SEGMENT	^DG(391.1,
391.51	PIMS EDR EVENT	^VAT(391.51,
392	BENEFICIARY TRAVEL CLAIM	^DGBT(392,
392.1	BENEFICIARY TRAVEL DISTANCE	^DGBT(392.1,

<u>FILE NUMBER</u>	<u>FILE NAME</u>	<u>GLOBAL</u>
392.2	BENEFICIARY TRAVEL CERTIFICATION	^DGBT(392.2,
392.3**	BENEFICIARY TRAVEL ACCOUNT	^DGBT(392.3,
392.4	BENEFICIARY TRAVEL MODE OF TRANSPORTATION	^DGBT(392.4,
393	INCOMPLETE RECORDS	^VAS(393,
393.1*	MAS SERVICE	^DG(393.1,
393.2*	IRT STATUS	^DG(393.2,
393.3*	IRT TYPE OF DEFICIENCY	^VAS(393.3,
393.41*	TYPE OF CATEGORY	^VAS(393.41,
403.35	SCHEDULING USER PREFERENCE	^SCRS(403.35,
403.43*	SCHEDULING EVENT	^SD(403.43,
403.44*	SCHEDULING REASON	^SD(403.44,
403.46*	STANDARD POSITION	^SD(403.46,
403.47*	TEAM PURPOSE	^SD(403.47,
404.41	OUTPATIENT PROFILE	^SCPT(404.41,
404.42	PATIENT TEAM ASSIGNMENT	^SCPT(404.42,
404.43	PATIENT TEAM POSITION ASSIGNMENT	^SCPT(404.43,
404.51	TEAM	^SCTM(404.51,
404.52	POSITION ASSIGNMENT HISTORY	^SCTM(404.52,
404.56	TEAM AUTOLINK	^SCTM(404.56,
404.57	TEAM POSITION	^SCTM(404.57,
404.58	TEAM HISTORY	^SCTM(404.58,
404.59	TEAM POSITION HISTORY	^SCTM(404.59,
404.91	SCHEDULING PARAMETER	^SD(404.91,
404.92*	SCHEDULING REPORT DEFINITION	^SD(404.92,
404.93*	SCHEDULING REPORT FIELDS DEFINITION	^SD(404.93,
404.94*	SCHEDULING REPORT GROUP	^SD(404.94,
404.95*	SCHEDULING REPORT QUERY TEMPLATE	^SD(404.95,
405	PATIENT MOVEMENT	^DGPM(
405.1	FACILITY MOVEMENT TYPE	^DG(405.1,
405.2**	MAS MOVEMENT TYPE	^DG(405.2,
405.3**	MAS MOVEMENT TRANSACTION TYPE	^DG(405.3,
405.4	ROOM-BED	^DG(405.4,
405.5**	MAS OUT-OF-SERVICE	^DG(405.5,
405.6	ROOM-BED DESCRIPTION	^DG(405.6,
406.41**	LODGING REASON	^DG(406.41,
407.5	LETTER	^VA(407.5,
407.6**	LETTER TYPE	^VA(407.6,
407.7**	TRANSMISSION ROUTERS	^VAT(407.7,
408	DISCRETIONARY WORKLOAD	^VAT(408,
408.11*	RELATIONSHIP	^DG(408.11,
408.12	PATIENT RELATION	^DGPR(408.12,
408.13	INCOME PERSON	^DGPR(408.13,
408.21	INDIVIDUAL ANNUAL INCOME	^DGMT(408.21,
408.22	INCOME RELATION	^DGMT(408.22,
408.31	ANNUAL MEANS TEST	^DGMT(408.31,
408.32**	MEANS TEST STATUS	^DG(408.32,
408.33**	TYPE OF TEST	^DG(408.33,

## Files

<u>FILE NUMBER</u>	<u>FILE NAME</u>	<u>GLOBAL</u>
408.34**	SOURCE OF INCOME TEST	^DG(408.34,
408.41	MEANS TEST CHANGES	^DG(408.41,
408.42**	MEANS TEST CHANGES TYPE	^DG(408.42,
409.1**	APPOINTMENT TYPE	^SD(409.1,
409.2**	CANCELLATION REASONS	^SD(409.2,
409.3*	AMBULATORY PROCEDURE GROUPS	^SD(409.3,
409.41**	OUTPATIENT CLASSIFICATION TYPE	^SD(409.41,
409.42	OUTPATIENT CLASSIFICATION	^SDD(409.42,
409.43	OUTPATIENT DIAGNOSIS	^SDD(409.43,
409.44	OUTPATIENT PROVIDER	^SDD(409.44,
409.45**	OUTPATIENT CLASSIFICATION STOP CODE EXCEPTION	^SD(409.45,
409.5	SCHEDULING VISITS	^SDV(
409.62**	APPOINTMENT GROUP	^SD(409.62,
409.63**	APPOINTMENT STATUS	^SD(409.63,
409.65	APPOINTMENT STATUS UPDATE LOG	^SDD(409.65,
409.66**	APPOINTMENT TRANSACTION TYPE	^SD(409.66
409.68	OUTPATIENT ENCOUNTER	^SCE(
409.71**	AMBULATORY PROCEDURE	^SD(409.71,
409.72*	AMBULATORY PROCEDURE TIME SENSITIVE DATA	^SD(409.72,
409.73	TRANSMITTED OUTPATIENT ENCOUNTER	^SD(409.73,
409.74	DELETED OUTPATIENT ENCOUNTER	^SD(409.74,
409.75	TRANSMITTED OUTPATIENT ENCOUNTER ERROR	^SD(409.75,
409.76**	TRANSMITTED OUTPATIENT ENCOUNTER ERROR CODE	^SD(409.76,
409.81**	RAM GROUP	^SD(409.81,
409.82	RAM REIMBURSEMENT	^SD(409.82,

\* File comes with data

\*\* File comes with data which will overwrite existing data, if specified

The following are the steps you may take to obtain information concerning the files and templates contained in the PIMS package.

### **File Flow (Relationships between files)**

1. VA FileMan Menu
2. Data Dictionary Utilities Menu
3. List File Attributes Option
4. Enter File # or range of File #s
5. Select Listing Format: Standard
6. You will see what files point to the selected file. To see what files the selected file points to, look for fields that say "POINTER TO".

**Templates**

1. VA FileMan Menu
2. Print File Entries Option
3. Output from what File: Print Template  
Sort Template  
Input Template  
List Template
4. Sort by: Name
5. Start with name: DG to DGZ, VA to VAZ, (ADT)  
SD to SDZ, SC to SCZ (scheduling)
6. Within name, sort by: <RET>
7. First print field: Name

## Files

# Exported Options

The following are the steps you may take to obtain information about menus, exported protocols, exported options, exported remote procedures, and exported HL7 applications concerning the PIMS package.

## **Menu Diagrams**

1. Programmers Options
2. Menu Management Menu
3. Display Menus and Options Menu
4. Diagram Menus
5. Select User or Option Name: O.DG Manager Menu (ADT)  
O.SDMGR (scheduling)

## **Exported Protocols**

1. VA FileMan Menu
2. Print File Entries Option
3. Output from what File: PROTOCOL
4. Sort by: Name
5. Start with name: DG to DGZ, VA to VAZ (ADT)  
SD to SDZ, SC to SCZ (scheduling)
6. Within name, sort by: <RET>
7. First print field: Name

## **Exported Options**

1. VA FileMan Menu
2. Print File Entries Option
3. Output from what File: OPTION
4. Sort by: Name
5. Start with name: DG to DGZ, VA to VAZ (ADT)  
SD to SDZ, SC to SCZ (scheduling)
6. Within name, sort by: <RET>
7. First print field: Name

## Exported Options

### **Exported Remote Procedures**

1. VA FileMan Menu
2. Print File Entries Option
3. Output from what File: REMOTE PROCEDURE
4. Sort by: Name
5. Start with name: DG to DGZ, VA to VAZ (ADT)  
SD to SDZ, SC to SCZ (scheduling)
6. Within name, sort by: <RET>
7. First print field: Name

### **Exported HL7 Applications for Ambulatory Care Reporting**

1. HL7 Main Menu
2. V1.6 Options Menu
3. Interface Workload Option
4. Look for AMBCARE-DHCP and NPCD-AAC

# Archiving and Purging

## Archiving

With the release of PIMS V. 5.3, a new archive/purge option has been created for PTF-related records. Please refer to the Release Notes for details.

## Purging

The PIMS package allows for purging of data associated with log of user access to sensitive records, consistency checker, scheduled admissions, local breakeven data for DRGs, special transaction requests, PTF records, and scheduling data.

Following is a list of the purge options and where the documentation may be found in the user manual.

### Volume I - ADT

<u>OPTION NAME</u>	<u>SECTION #/MENU NAME</u>
PTF Archive/Purge	7-PTF
Purge Breakeven Data for a Fiscal Year	7-PTF
Purge Special Transaction Request Log	7-PTF
Purge Non-Sensitive Patients from Security Log	10-Security Officer
Purge Record of User Access from Security Log	10-Security Officer
Purge Inconsistent Data Elements	11-Supervisor ADT
Purge Scheduled Admissions	11-Supervisor ADT

### Volume II - Scheduling

<u>OPTION NAME</u>	<u>SECTION #/MENU NAME</u>
Purge Appointment Status Update Log File	6-Supervisor
Purge Scheduling Data	6-Supervisor

### HL7 Purger

It is recommended that the option Purge Message Text File Entries [HL PURGE TRANSMISSIONS] be scheduled to run every day or every other day.

## Archiving and Purging

# External/Internal Relations

## External Relations

1. The following minimum package versions are required: VA FileMan V. 21.0, Kernel V. 8.0, Kernel Toolkit V. 7.3, VA MailMan V. 7.1, PCE V. 1.0, OE/RR V. 1.96, IB V. 2.0, IFCAP V. 3.0, DRG Grouper V. 13.0, HL7 V. 1.6, and Generic Code Sheet V. 1.5. Sites should verify that all patches to these packages have been installed.

2. If your site is running any of the following packages, you **MUST** be running the listed version or higher.

AMIE	None
Dental	V. 1.2
Dietetics	V. 4.33
Inpatient Meds	None
IVM	V. 2.0
Laboratory	V. 5.2
Mental Health	V. 4.18
Nursing	V. 2.2
Occurrence Screening	V. 2.0
Outpatient Pharmacy	V. 5.6
Patient Funds	V. 3.0
Radiology/Nuclear Medicine	V. 4.5
Record Tracking	V. 2.0
Social Work	V. 3.0
Utilization Review	V. 1.06

NOTE: If you are not running one of the above packages, you do **NOT** need to install it.

3. You must have all current Kernel V. 8.0, Kernel Toolkit V. 7.3, VA FileMan V. 21.0, RPC Broker V. 1.0, and PIMS V. 5.3 patches installed prior to the installation of PCMM (SD\*5.3\*41, DG\*5.3\*84). You must have KIDS patch 44 (XU\*8\*44) installed prior to loading the VIC software.

4. OE/RR will be using the PCMM files and GUI interface for inpatient teams.

5. The following is a list of all elements that are checked for installation of Ambulatory Care Reporting Project.

<b>Element Checked</b>	<b>Check Performed</b>	<b>Required for Install</b>
PCE V. 1.0	Installed	Yes
HL7 V. 1.6	Installed	Yes
XU*8.0*27	Installed	Yes
HL*1.6*8	Installed	Yes
IB*2.0*60	Installed	Yes
Q-ACS.MED.VA.GOV in DOMAIN file (#4.2)	Entry exists	Yes <sup>1</sup>
SD*5.3*41	Installed	No
RA*4.5*4	Installed	No <sup>2</sup>
LR*5.2*127	Installed	No <sup>3</sup>
SOW*3*42	Installed	No
OPC GENERATION MAIL GROUP field (#216) of the MAS PARAMETER file (#43)	Contains valid Mail Group	No

### DBIA AGREEMENTS

The following are the steps you may take to obtain the database integration agreements for the PIMS package.

#### DBIA AGREEMENTS - CUSTODIAL PACKAGE

1. FORUM
2. DBA Menu
3. Integration Agreements Menu
4. Custodial Package Menu
5. Active by Custodial Package Option
6. Select Package Name: Registration  
Scheduling

#### DBIA AGREEMENTS - SUBSCRIBER PACKAGE

1. FORUM
2. DBA Menu
3. Integration Agreements Menu
4. Subscriber Package Menu
5. Print Active by Subscriber Package Option
6. Start with subscriber package: DG to DGZ, VA to VAZ (ADT)  
SD to SDZ, SC to SCZ (scheduling)

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<sup>1</sup> This domain was distributed by patch XM\*DBA\*99.

<sup>2</sup> Not installing this patch will result in the loss of workload credit.

<sup>3</sup> Not installing this patch will result in the loss of workload credit.

## **Internal Relations**

Any PIMS option in File 19 which is a menu option should be able to run independently provided the user has the appropriate keys and FileMan access.

In order to use the PCMM client software, the user must be assigned the SC PCMM GUI WORKSTATION option as either a primary or secondary menu option - unless the user has been assigned the XUPROGMODE security key. This key, usually given to IRM staff, allows use of the client software without the SC PCMM GUI WORKSTATION option being assigned.



# Package-Wide Variables

There are no package-wide variables associated with the PIMS package.

## Key Variables

### PIMS System Wide Variables

DFN Internal entry of the PATIENT file  
SSN Social security number  
AGE Age of patient  
DOB Date of birth  
SEX Sex of patient

## VADPT Variables

See Appendix A.

## Scheduling Variables

EN3^SDACS - Call to the Scheduling package by other packages in order to add stop codes and/or CPT procedures to the SCHEDULING VISIT file for workload capture.

### Input variables:

SDIV internal entry number (pointer number) in INSTITUTION file  
SDATE date of visit  
SDC stop code numbers  
SDCTYPE type of codes  
SDMSG defines which error messages are printed <optional>  
SDCPT(x) array used if passing CPT codes <optional> (format: 900^associated clinic ptr^CPT^CPT^CPT^CPT^CPT)  
SDUZ User number

### Output variables:

SDERR - error flag

SDUTL3 contains utilities used to display and retrieve data from the CURRENT PC TEAM and CURRENT PC PRACTITIONER fields in the PATIENT file. Documentation can also be found in the routine.

**\$\$OUTPTPR^SDUTL3(PARM 1)** - displays data from CURRENT PC PRACTITIONER field.

Input	PARM 1	The internal entry of the PATIENT file.
Output		CURRENT PC PRACTITIONER in Internal^External format. If look-up is unsuccessful, 0 will be returned.

**\$\$OUTPTTM^SDUTL3(PARM 1)** - displays data from CURRENT PC TEAM field.

Input	PARM 1	The internal entry of the PATIENT file.
Output		CURRENT PC TEAM in Internal^External format. If look-up is unsuccessful, 0 will be returned.

**INPTPR^SDUTL3(PARM 1, PARM 2)** - stores data in CURRENT PC PRACTITIONER field.

Input	PARM 1	The internal entry of the PATIENT file.
	PARM 2	Pointer to the NEW PERSON file indicating the practitioner associated with the patient's care.
Output	SDOKS	1 if data is stored successfully; 0 otherwise

**INPTTM^SDUTL3(PARM 1, PARM 2)** - stores data in CURRENT PC TEAM field.

Input	PARM 1	The internal entry of the PATIENT file.
	PARM 2	Pointer to the TEAM file indicating the team associated with the patient's care.
Output	SDOKS	1 if data is stored successfully; 0 otherwise

## **VAUTOMA**

VAUTOMA is a routine which will do a one/many/all prompt - returning the chosen values in a subscripted variable specified by the calling programmer.

Input variables:

VAUTSTR	string which describes what is to be entered.
VAUTNI	defines if array is sorted alphabetically or numerically.
VAUTVB	name of the subscripted variable to be returned.
VAUTNALL	define this variable if you do not want the user to be given the ALL option.

Other variables as required by a call to ^DIC (see VA FileMan Programmers Manual).

Output variables:

As defined in VAUTVB

**VAFMON**

VAFMON is a routine which will return income or dependent information on a patient.

`$$INCOME^VAFMON(PARM 1,PARM 2)`

PARM 1 - The internal entry of the PATIENT file.

PARM 2 - The date the income is calculated for.

`$$DEP^VAFMON(PARM 1,PARM 2)`

PARM 1 - The internal entry of the PATIENT file.

PARM 2 - The date the income is calculated for.

## Package-Wide Variables

## How To Generate On-Line Documentation

This section describes some of the various methods by which users may secure PIMS technical documentation. On-line technical documentation pertaining to the PIMS software, in addition to that which is located in the help prompts and on the help screens which are found throughout the PIMS package, may be generated through utilization of several KERNEL options. These include but are not limited to: %INDEX, Menu Management Inquire Option File, Print Option File, and FileMan List File Attributes.

Entering question marks at the "Select ... Option:" prompt may also provide users with valuable technical information. For example, a single question mark (?) lists all options which can be accessed from the current option. Entering two question marks (??) lists all options accessible from the current one, showing the formal name and lock for each. Three question marks (???) displays a brief description for each option in a menu while an option name preceded by a question mark (?OPTION) shows extended help, if available, for that option.

For a more exhaustive option listing and further information about other utilities which supply on-line technical information, please consult the DHCP Kernel Reference Manual.

### %INDEX

This option analyzes the structure of a routine(s) to determine in part if the routine(s) adheres to DHCP Programming Standards. The %INDEX output may include the following components: compiled list of errors and warnings, routine listing, local variables, global variables, naked globals, label references, and external references. By running %INDEX for a specified set of routines, the user is afforded the opportunity to discover any deviations from DHCP Programming Standards which exist in the selected routine(s) and to see how routines interact with one another, that is, which routines call or are called by other routines.

To run %INDEX for the PIMS package, specify the following namespaces at the "routine(s) ?>" prompt: DG\*, DPT\*, SD\*, VA\*, SC\*.

PIMS initialization routines which reside in the UCI in which %INDEX is being run, compiled template routines, and local routines found within the PIMS namespaces should be omitted at the "routine(s) ?>" prompt. To omit routines from selection, preface the namespace with a minus sign (-).

## INQUIRE TO OPTION FILE

This Menu Manager option provides the following information about a specified option(s): option name, menu text, option description, type of option, and lock (if any). In addition, all items on the menu are listed for each menu option.

To secure information about PIMS options, the user must specify the name or namespace of the option(s) desired. Below is a list of namespaces associated with the PIMS package.

DG - Registration, ADT, Means Test, PTF/RUG, Beneficiary Travel

DPT - Patient File Look-up, Patient Sensitivity

SD and SC - Scheduling

VA - Generic utility processing

## PRINT OPTIONS FILE

This utility generates a listing of options from the OPTION file. The user may choose to print all of the entries in this file or may elect to specify a single option or range of options. To obtain a list of PIMS options, the following option namespaces should be specified: DG to DGZ, SD to SDZ.

## LIST FILE ATTRIBUTES

This FileMan option allows the user to generate documentation pertaining to files and file structure. Utilization of this option via the "Standard" format will yield the following data dictionary information for a specified file(s): file name and description, identifiers, cross-references, files pointed to by the file specified, files which point to the file specified, input templates, print templates, and sort templates. In addition, the following applicable data is supplied for each field in the file: field name, number, title, global location, description, help prompt, cross-reference(s), input transform, date last edited, and notes.

Using the "Global Map" format of this option generates an output which lists all cross-references for the file selected, global location of each field in the file, input templates, print templates, and sort templates.

# Security

## **General Security**

Routines that generate statistics for AMIS or OPC workload should NOT be locally modified.

## **Security Keys**

The following are the steps you may take to obtain information about the security keys contained in the PIMS package.

1. VA FileMan Menu
2. Print File Entries Option
3. Output from what File: SECURITY KEY
4. Sort by: Name
5. Start with name: DG to DGZ, VA to VAZ (ADT)  
SD to SDZ, SC to SCZ (scheduling)
6. Within name, sort by: <RET>
7. First print field: Name
8. Then print field: Description

## **Legal Requirements**

The PIMS software package makes use of Current Procedural Terminology (CPT) codes which is an American Medical Association (AMA) copyrighted product. Its use is governed by the terms of the agreement between the Department of Veterans Affairs and the AMA. The CPT copyright notice is displayed for various MAS users and should not be turned off.

## FileMan Access Codes

Below is a list of recommended FileMan Access Codes associated with each file contained in the PIMS package. This list may be used to assist in assigning users appropriate FileMan Access Codes.

<u>FILE NUMBER</u>	<u>FILE NAME</u>	<u>DD ACCESS</u>	<u>RD ACCESS</u>	<u>WR ACCESS</u>	<u>DEL ACCESS</u>	<u>LAYGO ACCESS</u>
2	PATIENT	@	d	D	@	D
5	STATE	@	d	@	@	@
8	ELIGIBILITY CODE	@	d	@	@	@
8.1	MAS ELIGIBILITY CODE	@	d	@	@	@
8.2	IDENTIFICATION FORMAT	@	d	@	@	@
10	RACE	@	d	@	@	@
11	MARITAL STATUS	@	d	@	@	@
13	RELIGION	@	d	@	@	@
21	PERIOD OF SERVICE	@	d	@	@	@
22	POW PERIOD	@	d	@	@	@
23	BRANCH OF SERVICE	@	d	@	@	@
25	TYPE OF DISCHARGE	@	d	@	@	@
30	DISPOSITION LATE REASON	@	d	@	@	@
35	OTHER FEDERAL AGENCY	@	d	@	@	@
37	DISPOSITION	@	d	@	@	@
38.1	DG SECURITY LOG	@	d	D	@	D
38.5	INCONSISTENT DATA	@	d	@	@	@
38.6	INCONSISTENT DATA ELEMENTS	@	d	@	@	@
39.1	EMBOSSSED CARD TYPE	@	d	@	@	@
39.2	EMBOSSING DATA	@	d	@	@	@
39.3	EMBOSSER EQUIPMENT FILE	@	d	@	@	@
39.4	ADT/HL7 TRANSMISSION	@	@	@	@	@
40.1	OPC	@	d	@	D	@
40.15	OPC ERRORS	@	d	D	D	D
40.7	CLINIC STOP	@	d	@	@	@
40.8	MEDICAL CENTER DIVISION	@	d	@	@	@
40.9	LOCATION TYPE	@	d	@	@	@
41.1	SCHEDULED ADMISSION	@	d	D	D	D
41.9	CENSUS	@	d	@	@	@
42	WARD LOCATION	@	d	D	@	D
42.4	SPECIALTY	@	d	@	@	@
42.5	WAIT LIST	@	d	D	D	D
42.55	PRIORITY GROUPING	@	d	@	@	@
42.6	AMIS 334-341	@	d	D	D	D
42.7	AMIS 345&346	@	d	D	D	D
43	MAS PARAMETERS	@	d	D	@	@
43.1	MAS EVENT RATES	@	d	D	D	D
43.11	MAS AWARD	@	d	D	D	D
43.4	VA ADMITTING REGULATION	@	d	@	@	@
43.5	G&L CORRECTIONS	@	d	D	D	D
43.61	G&L TYPE OF CHANGE	@	d	@	@	@
43.7	ADT TEMPLATE	@	d	@	@	@
44	HOSPITAL LOCATION	@	d	D	@	D
45	PTF	@	d	D	@	@

<u>FILE NUMBER</u>	<u>FILE NAME</u>	<u>DD ACCESS</u>	<u>RD ACCESS</u>	<u>WR ACCESS</u>	<u>DEL ACCESS</u>	<u>LAYGO ACCESS</u>
45.1	SOURCE OF ADMISSION	@	d	@	@	@
45.2	PTF TRANSFERRING FACILITY	@	d	D	@	D
45.3	SURGICAL SPECIALTY	@	d	@	@	@
45.4	PTF DIALYSIS TYPE	@	d	@	@	@
45.5	PTF MESSAGE	@	d	@	@	@
45.6	PLACE OF DISPOSITION	@	d	@	@	@
45.61	PTF ABUSED SUBSTANCE	@	d	@	@	@
45.62	PTF ARCHIVE/PURGE HISTORY	@	d	@	@	@
45.64	PTF AUSTIN ERROR CODES	@	d	@	@	@
45.7	FACILITY TREATING SPECIALTY	@	d	D	@	D
45.81	STATION TYPE	@	d	@	@	@
45.82	CATEGORY OF BENEFICIARY	@	d	@	@	@
45.83	PTF RELEASE	@	d	@	@	@
45.84	PTF CLOSE OUT	@	d	@	@	@
45.85	CENSUS WORKFILE	@	d	D	@	@
45.86	PTF CENSUS DATE	@	d	@	@	@
45.87	PTF TRANSACTION REQUEST LOG	@	d	@	@	@
45.88	PTF EXPANDED CODE CATEGORY	@	d	@	@	@
45.89	PTF EXPANDED CODE	@	d	@	@	@
45.9	PAF	@	d	D	D	D
45.91	RUG-II	@	d	@	@	@
47	MAS FORMS AND SCREENS	@	d	@	@	@
48	MAS RELEASE NOTES	@	d	D	@	@
48.5	MAS MODULE	@	d	@	@	@
389.9	STATION NUMBER (TIME SENSITIVE)	@	d	@	@	@
391	TYPE OF PATIENT	@	d	@	@	@
391.1	AMIS SEGMENT	@	d	@	@	@
391.51	PIMS EDR EVENT	@	d	@	@	@
392	BENE TRAVEL CLAIM	@	d	@	@	@
392.1	BENE TRAVEL DISTANCE	@	d	D	D	D
392.2	BENE TRAVEL CERTIFICATION	@	d	D	D	D
392.3	BENE TRAVEL ACCOUNT	@	d	@	@	@
392.4	BENE TRAV MODE OF TRANS	@	d	D	@	D
393	INCOMPLETE RECORDS	@	d	D	D	D
393.1	MAS SERVICE	@	d	@	@	@
393.2	IRT STATUS	@	d	@	@	@
393.3	IRT TYPE OF DEFICIENCY	@	d	@	@	@
393.41	TYPE OF CATEGORY	@	d	@	@	@
403.35	SCHEDULING USER PREFERENCE	@	d	@	@	@
403.43	SCHEDULING EVENT	@	d	@	@	@
403.44	SCHEDULING REASON	@	d	@	@	@
403.46	STANDARD POSITION	@	d	@	@	@
403.47	TEAM PURPOSE	@	d	@	@	@
404.41	OUTPATIENT PROFILE	@	d	@	@	@
404.42	PATIENT TEAM ASSIGNMENT	@	d	@	@	@
404.43	PATIENT TEAM POSITION ASSIGNMENT	@	d	@	@	@
404.51	TEAM	@	d	@	@	@
404.52	POSITION ASSIGNMENT HISTORY	@	d	@	@	@
404.56	TEAM AUTOLINK	@	d	@	@	@
404.57	TEAM POSITION	@	d	@	@	@
404.58	TEAM HISTORY	@	d	@	@	@
404.59	TEAM POSITION HISTORY	@	d	@	@	@

## Security

<u>FILE NUMBER</u>	<u>FILE NAME</u>	<u>DD ACCESS</u>	<u>RD ACCESS</u>	<u>WR ACCESS</u>	<u>DEL ACCESS</u>	<u>LAYGO ACCESS</u>
404.91	SCHEDULING PARAMETER	@	d	@	@	@
404.92	SCHEDULING REPORT DEFINITION	@	d	@	@	@
404.93	SCHEDULING REPORT FIELDS DEFINITION	@	d	@	@	@
404.94	SCHEDULING REPORT GROUP	@	d	@	@	@
404.95	SCHEDULING REPORT QUERY TEMPLATE	@	d	@	@	@
405	PATIENT MOVEMENT	@	d	@	@	@
405.1	FACILITY MOVEMENT TYPE	@	d	D	@	D
405.2	MAS MOVEMENT TYPE	@	d	@	@	@
405.3	MAS MOVEMENT TRANSACTION TYPE	@	d	@	@	@
405.4	ROOM-BED	@	d	D	@	D
405.5	MAS OUT-OF-SERVICE	@	d	@	@	@
405.6	ROOM-BED DESCRIPTION	@	d	D	@	D
406.41	LODGING REASON	@	d	D	@	D
407.5	LETTER	@	d	D	D	D
407.6	LETTER TYPE	@	d	@	@	@
407.7	TRANSMISSION ROUTERS	@	d	@	@	@
408	DISCRETIONARY WORKLOAD	@	d	@	@	@
408.11	RELATIONSHIP	@	d	@	@	@
408.12	PATIENT RELATION	@	d	@	@	@
408.13	INCOME PERSON	@	d	@	@	@
408.21	INDIVIDUAL ANNUAL INCOME	@	d	@	@	@
408.22	INCOME RELATION	@	d	@	@	@
408.31	ANNUAL MEANS TEST	@	d	@	@	@
408.32	MEANS TEST STATUS	@	d	@	@	@
408.33	TYPE OF TEST	@	d	@	@	@
408.34	SOURCE OF INCOME TEST	@	d	@	@	@
408.41	MEANS TEST CHANGES	@	d	@	@	@
408.42	MEANS TEST CHANGES TYPE	@	d	@	@	@
409.1	APPOINTMENT TYPE	@	d	@	@	@
409.2	CANCELLATION REASONS	@	d	@	@	@
409.3	AMBULATORY PROCEDURE GROUPS	@	d	D	D	D
409.41	OUTPATIENT CLASSIFICATION TYPE	@	d	@	@	@
409.42	OUTPATIENT CLASSIFICATION	@	d	D	D	D
409.43	OUTPATIENT DIAGNOSIS	@	d	D	D	D
409.44	OUTPATIENT PROVIDER	@	d	D	D	D
409.45	OUTPATIENT CLASSIFICATION STOP CODE EXCEPTION	@	d	@	@	@
409.5	SCHEDULING VISITS	@	d	D	D	D
409.62	APPOINTMENT GROUP	@	d	@	@	@
409.63	APPOINTMENT STATUS	@	d	@	@	@
409.65	APPOINTMENT STATUS UPDATE LOG	@	d	@	@	@
409.66	APPOINTMENT TRANSACTION TYPE	@	d	@	@	@
409.68	OUTPATIENT ENCOUNTER	@	d	@	@	@
409.71	AMBULATORY PROCEDURE	@	d	D	@	D

<u>FILE NUMBER</u>	<u>FILE NAME</u>	<u>DD ACCESS</u>	<u>RD ACCESS</u>	<u>WR ACCESS</u>	<u>DEL ACCESS</u>	<u>LAYGO ACCESS</u>
409.72	AMBULATORY PROCEDURE TIME SENSITIVE DATA	@	d	D	D	D
409.73	TRANSMITTED OUTPATIENT ENCOUNTER	@	d	@	@	@
409.74	DELETED OUTPATIENT ENCOUNTER	@	d	@	@	@
409.75	TRANSMITTED OUTPATIENT ENCOUNTER ERROR	@	d	@	@	@
409.76	TRANSMITTED OUTPATIENT ENCOUNTER ERROR CODE	@	d	@	@	@
409.81	RAM GROUP	@	d	@	@	@
409.82	RAM REIMBURSEMENT	@	d	D	D	D



# Glossary

ALOS	Average Length of Stay
AMIS	Automated Management Information System
DRG	Diagnostic Related Group
EDR	Event Driven Reporting
HL7	Health Level Seven
IRT	Incomplete Records Tracking
MEANS TEST	A financial report upon which certain patients' eligibility for care is based
OPC	Outpatient Clinic
PAI	Patient Assessment Instrument
PAF	Patient Assessment File; where PAI information is stored until transmission to Austin.
PTF	Patient Treatment File
PULL LIST	A list of patients whose radiology/MAS records should be "pulled" from the file room for scheduled clinic visits
RUG	Resource Utilization Group
SPECIAL SURVEY	An ongoing survey of care given to patients alleging Agent Orange or Ionizing Radiation exposure. Each visit by such patients must receive "special survey dispositioning" which records whether treatment provided was related to their exposure. This data is used for Congressional reporting purposes.
THIRD PARTY BILLINGS	Billings where a party other than the patient is billed
TSR	Treating Specialty Report

## Glossary

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# Appendix A - VADPT Variables

## **I. OVERVIEW**

**VADPT** is a utility routine designed to provide a central point where a programmer can obtain information concerning a patient's record. Supported entry points are provided which will return demographics, inpatient status, eligibility information, etc.

Access to patient information is not limited to using the supported entry points in VADPT. Integration agreements can be established through the DBA between PIMS and other packages to reference information. Additionally, several data elements are supported without an integration agreement.

## II. SUPPORTED REFERENCES

The following references to patient information (PATIENT file #2) are supported **without** an integration agreement. All nationally distributed cross-references on these fields are also supported.

<b>Field Name</b>	<b>Field #</b>	<b>Global Location</b>	<b>Type of Access</b>
NAME	(#.01)	0;1	Read
SEX	(#.02)	0;2	Read
DATE OF BIRTH	(#.03)	0;3	Read
AGE	(#.033)	N/A	Read
MARITAL STATUS	(#.05)	0;5	Read
RACE	(#.06)	0;6	Read
OCCUPATION	(#.07)	0;7	Read
RELIGIOUS PREFERENCE	(#.08)	0;8	Read
DUPLICATE STATUS	(#.081)	0;18	
PATIENT MERGED TO	(#.082)	0;19	
CHECK FOR DUPLICATE	(#.083)	0;20	
SOCIAL SECURITY NUMBER	(#.09)	0;9	Read
REMARKS	(#.091)	0;10	Read
PLACE OF BIRTH [CITY]	(#.092)	0;11	Read
PLACE OF BIRTH [STATE]	(#.093)	0;12	Read
WHO ENTERED PATIENT	(#.096)	0;15	Read
DATE ENTERED INTO FILE	(#.097)	0;16	Read
WARD LOCATION	(#.1)	.1;1	Read
ROOM-BED	(#.101)	.101;1	Read
CURRENT MOVEMENT	(#.102)	.102;1	Read
TREATING SPECIALTY	(#.103)	.103;1	Read
PROVIDER	(#.104)	.104;1	Read
ATTENDING PHYSICIAN	(#.1041)	.1041;1	Read
CURRENT ADMISSION	(#.105)	.105;1	Read
LAST DMMS EPISODE NUMBER	(#.106)	.106;1	Read
LODGER WARD LOCATION	(#.107)	.107;1	Read
CURRENT ROOM	(#.108)	.108;1	Read
CURRENT MEANS TEST STATUS	(#.14)	0;14	Read
DATE OF DEATH	(#.351)	.35;1	Read
DEATH ENTERED BY	(#.352)	.35;2	Read
PRIMARY LONG ID	(#.363)	.36;3	
PRIMARY SHORT ID	(#.364)	.36;4	
CURRENT PC PRACTITIONER	(#404.01)	PC;1	Read
CURRENT PC TEAM	(#404.02)	PC;2	Read
LAST MEANS TEST	(#999.2)	N/A	Read

### III. CALLABLE ENTRY POINTS IN VADPT

#### 1. DEM^VADPT

This entry point returns demographic information for a patient.

Input:	DFN	This required variable is the internal entry number in the PATIENT file.
	VAPTYP	This optional variable can be set to the internal number of a patient eligibility. The variable can be used to indicate the patient's type such as VA, DOD, or IHS through the eligibility. If this variable is not defined or the eligibility does not exist, the VA patient IDs will be returned.
	VAHOW	This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts. 1 -- return the output array with alpha subscripts - see Attachment (e.g., VADM(1) would be VADM("NM")) 2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VADM",\$J,1)) 12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VADM",\$J,"NM"))
	VAROOT	This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGDEM")
Output:	VADM(1)	The NAME of the patient. (e.g., SMITH,JOHN R.)

VADM(2)	The SOCIAL SECURITY NUMBER of the patient in internal^external format. (e.g., 123456789^123-45-6789)
VADM(3)	The DATE OF BIRTH of the patient in internal^external format. (e.g., 2551025^OCT 25,1955)
VADM(4)	The AGE of the patient as of today, unless a date of death exists, in which case the age returned will be as of that date. (e.g., 36)
VADM(5)	The SEX of the patient in internal^external format. (e.g., M^MALE)
VADM(6)	The DATE OF DEATH of the patient, should one exist, in internal^external format. (e.g., 2881101.08^NOV 1,1988@08:00)
VADM(7)	Any REMARKS concerning this patient which may be on file. (e.g., Need to obtain dependent info.)
VADM(8)	The RACE of the patient in internal^external format. (e.g., 1^WHITE, NON-HISPANIC)
VADM(9)	The RELIGION of the patient in internal^external format. (e.g., 99^CATHOLIC)
VADM(10)	The MARITAL STATUS of the patient in internal^external format. (e.g., 1^MARRIED)
VA("PID")	The PRIMARY LONG ID for a patient. The format of this variable will depend on the type of patient if VAPTYP is set. (e.g., 123-45-6789)

VA("BID")	The PRIMARY SHORT ID for a patient. The format of this variable will depend on the type of patient if VAPTYP is set. (e.g., 6789)
VAERR	The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined

## 2. ELIG^VADPT

This entry point returns eligibility information for a patient.

Input:	DFN	This required variable is the internal entry number in the PATIENT file.
	VAHOW	This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts. 1 -- return the output array with alpha subscripts - see Attachment (e.g., VAEL(1) would be VAEL("EL")) 2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VAEL",\$J,1)) 12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VAEL",\$J,"EL"))
	VAROOT	This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGELG")

Output:	VAEL(1)	The PRIMARY ELIGIBILITY CODE of the patient in internal^external format. (e.g., 1^SERVICE CONNECTED 50-100%)
	VAEL(1,#)	An array of other PATIENT ELIGIBILITIES to which the patient is entitled to care, in internal^external format. The # sign represents the internal entry number of the eligibility in the ELIGIBILITY CODE file. (e.g., 13^PRISONER OF WAR)
	VAEL(2)	The PERIOD OF SERVICE of the patient in internal^external format. (e.g., 19^WORLD WAR I)
	VAEL(3)	If the SERVICE CONNECTED? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If service connected, the SERVICE CONNECTED PERCENTAGE field will be returned in the second piece. (e.g., 1^70)
	VAEL(4)	If the VETERAN (Y/N)? field is YES, a "1" will be returned; otherwise, a "0" will be returned. (e.g., 1)
	VAEL(5)	If an INELIGIBLE DATE exists, a "0" will be returned indicating the patient is ineligible; otherwise, a "1" will be returned. (e.g., 0)
	VAEL(5,1)	If ineligible, the INELIGIBLE DATE of the patient in internal^external format. (e.g., 2880101^JAN 1,1988)
	VAEL(5,2)	If ineligible, the INELIGIBLE TWX SOURCE in internal^external format. (e.g., 2^REGIONAL OFFICE)

- VAEL(5,3) If ineligible, the INELIGIBLE TWX CITY. (e.g., ALBANY)
- VAEL(5,4) If ineligible, the INELIGIBLE TWX STATE from which the ineligible notification was received in internal^external format. (e.g., 36^NEW YORK)
- VAEL(5,5) If ineligible, the INELIGIBLE VARO DECISION. (e.g., UNABLE TO VERIFY)
- VAEL(5,6) If ineligible, the INELIGIBLE REASON. (e.g., NO DD214)
- VAEL(6) The TYPE of patient in internal ^external format. (e.g., 1^SC VETERAN)
- VAEL(7) The CLAIM NUMBER of the patient. (e.g., 123456789)
- VAEL(8) The current ELIGIBILITY STATUS of the patient in internal^external format. (e.g., V^VERIFIED)
- VAEL(9) The CURRENT MEANS TEST STATUS of the patient CODE^ NAME. (e.g., A^CATEGORY A)
- VAERR The error flag will have one of the following values.
  - 0 -- no errors encountered
  - 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined

### 3. MB^VADPT

This entry point returns monetary benefit information for a patient.

Input:	DFN	This required variable is the internal entry number in the PATIENT file.
--------	-----	--

	VAHOW	<p>This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts.</p> <p>1 -- return the output array with alpha subscripts - see Attachment (e.g., VAMB(1) would be VAMB("AA"))</p> <p>2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VAMB",\$J,1))</p> <p>12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VAMB",\$J,"AA"))</p>
	VAROOT	<p>This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGMB")</p>
Output:	VAMB(1)	<p>If the RECEIVING A&amp;A BENEFITS? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving A&amp;A benefits, the TOTAL ANNUAL VA CHECK AMOUNT will be returned in the second piece. (e.g., 1^1000)</p>
	VAMB(2)	<p>If the RECEIVING HOUSEBOUND BENEFITS? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving housebound benefits, the TOTAL ANNUAL VA CHECK AMOUNT will be returned in the second piece. (e.g., 1^0)</p>

- VAMB(3) If the RECEIVING SOCIAL SECURITY field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving social security, the AMOUNT OF SOCIAL SECURITY will be returned in the second piece. (e.g., 0)
- VAMB(4) If the RECEIVING A VA PENSION? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving a VA pension, the TOTAL ANNUAL VA CHECK AMOUNT will be returned in the second piece. (e.g., 1^563.23)
- VAMB(5) If the RECEIVING MILITARY RETIREMENT? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving military retirement, the AMOUNT OF MILITARY RETIREMENT will be returned in the second piece. (e.g., 0)
- VAMB(6) The RECEIVING SUP. SECURITY (SSI) field is being eliminated. Since v5.2, a "0" is returned for this variable.
- VAMB(7) If the RECEIVING VA DISABILITY? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving VA disability, the TOTAL ANNUAL VA CHECK AMOUNT will be returned in the second piece. (e.g., 0)

- VAMB(8) If the TYPE OF OTHER RETIREMENT field is filled in, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving other retirement, the AMOUNT OF OTHER RETIREMENT will be returned in the second piece.  
(e.g., 1^2500.12)
- VAMB(9) If the GI INSURANCE POLICY? field is YES, a "1" will be returned in the first piece; otherwise, a "0" will be returned. If receiving GI insurance, the AMOUNT OF GI INSURANCE will be returned in the second piece.  
(e.g., 1^100000)
- VAERR The error flag will have one of the following values.  
0 -- no errors encountered  
1 -- error encountered - DFN or  
^DPT(DFN,0) is not defined

#### 4. SVC^VADPT

This entry point returns service information for a patient.

Input:	DFN	This required variable is the internal entry number in the PATIENT file.
--------	-----	--

VAHOW	<p>This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts.</p> <p>1 -- return the output array with alpha subscripts - see Attachment (e.g., VASV(1) would be VASV("VN"))</p> <p>2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VASV",\$J,1))</p> <p>12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VASV",\$J,"VN"))</p>
VAROOT	<p>This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGSVC")</p>
Output:	<p>VASV(1) If the VIETNAM SERVICE INDICATED field is YES, a "1" will be returned; otherwise a "0" will be returned. (e.g., 0)</p> <p>VASV(1,1) If Vietnam Service, the VIETNAM FROM DATE in internal^external format. (e.g., 2680110^JAN 10,1968)</p> <p>VASV(1,2) If Vietnam Service, the VIETNAM TO DATE in internal^external format. (e.g., 2690315^MAR 15,1969)</p> <p>VASV(2) If the AGENT ORANGE EXPOS. INDICATED field is YES, a "1" will be returned; otherwise a "0" will be returned. (e.g., 0)</p>

- VASV(2,1) If Agent Orange exposure, the AGENT ORANGE REGISTRATION DATE in internal^external format.  
(e.g., 2870513^MAY 13,1987)
- VASV(2,2) If Agent Orange exposure, the AGENT ORANGE EXAMINATION DATE in internal^external format.  
(e.g., 2871101^NOV 1,1987)
- VASV(2,3) If Agent Orange exposure, AGENT ORANGE REPORTED TO C.O. date in internal^external format.  
(e.g., 2871225^DEC 25,1987)
- VASV(2,4) If Agent Orange exposure, AGENT ORANGE REGISTRATION #.  
(e.g., 123456)
- VASV(3) If the RADIATION EXPOSURE INDICATED field is YES, a "1" will be returned; otherwise a "0" will be returned (e.g., 0)
- VASV(3,1) If Radiation Exposure, RADIATION REGISTRATION DATE in internal^external format.  
(e.g., 2800202^FEB 02,1980)
- VASV(3,2) If Radiation Exposure, RADIATION EXPOSURE METHOD in internal^external format.  
(e.g., T^NUCLEAR TESTING)
- VASV(4) If the POW STATUS INDICATED field is YES, a "1" will be returned; otherwise a "0" will be returned.  
(e.g., 0)
- VASV(4,1) If POW status, POW FROM DATE in internal^external format.  
(e.g., 2450319^MAR 19,1945)

- VASV(4,2) If POW status, POW TO DATE in internal^external format.  
(e.g., 2470101^JAN 1,1947)
- VASV(4,3) If POW status, POW CONFINEMENT LOCATION in internal^external format.  
(e.g., 2^WORLD WAR II - EUROPE)
- VASV(5) If the COMBAT SERVICE INDICATED field is YES, a "1" will be returned; otherwise a "0" will be returned. (e.g., 0)
- VASV(5,1) If combat service, COMBAT FROM DATE in internal^external format.  
(e.g., 2430101^JAN 1,1943)
- VASV(5,2) If combat service, COMBAT TO DATE in internal^external format.  
(e.g., 2470101^JAN 1,1947)
- VASV(5,3) If combat service, COMBAT SERVICE LOCATION in internal^external format.  
(e.g., 2^WORLD WAR II - EUROPE)
- VASV(6) If a SERVICE BRANCH [LAST] field is indicated, a "1" will be returned in the first piece; otherwise a "0" will be returned. (e.g., 0)
- VASV(6,1) If service branch, BRANCH OF SERVICE field in internal^external format. (e.g., 3^AIR FORCE)
- VASV(6,2) If service branch, SERVICE NUMBER field in internal^external format.  
(e.g., 123456789)
- VASV(6,3) If service branch, SERVICE DISCHARGE TYPE in internal^external format.  
(e.g., 1^HONORABLE)

- VASV(6,4) If service branch, SERVICE ENTRY DATE in internal^external format. (e.g., 2440609^JUN 9,1944)
- VASV(6,5) If service branch, SERVICE SEPARATION DATE in internal^external format. (e.g., 2480101^JAN 1,1948)
- VASV(7) If a SERVICE SECOND EPISODE field is indicated, a "1" will be returned; otherwise a "0" will be returned. (e.g., 0)
- VASV(7,1) If second episode, BRANCH OF SERVICE field in internal^external format. (e.g., 3^AIR FORCE)
- VASV(7,2) If second episode, SERVICE NUMBER field in internal^external format. (e.g., 123456789)
- VASV(7,3) If second episode, SERVICE DISCHARGE TYPE in internal^external format. (e.g., 1^HONORABLE)
- VASV(7,4) If second episode, SERVICE ENTRY DATE in internal^external format. (e.g., 2440609^JUN 9,1944)
- VASV(7,5) If second episode, SERVICE SEPARATION DATE in internal^external format. (e.g., 2480101^JAN 1,1948)
- VASV(8) If a SERVICE THIRD EPISODE field is indicated, a "1" will be returned; otherwise a "0" will be returned. (e.g., 0)
- VASV(8,1) If third episode, BRANCH OF SERVICE field in internal^external format. (e.g., 3^AIR FORCE)

- VASV(8,2) If third episode, SERVICE NUMBER field in internal^external format. (e.g., 123456789)
- VASV(8,3) If third episode, SERVICE DISCHARGE TYPE in internal^external format. (e.g., 1^HONORABLE)
- VASV(8,4) If third episode, SERVICE ENTRY DATE in internal^external format. (e.g., 2440609^JUN 9,1944)
- VASV(8,5) If third episode, SERVICE SEPARATION DATE in internal^external format. (e.g., 2480101^JAN 1,1948)
- VAERR The error flag will have one of the following values.  
 0 -- no errors encountered  
 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined

**5. ADD^VADPT**

This entry point returns address data for a patient. If a temporary address is in effect, the data returned will be that pertaining to that temporary address; otherwise, the permanent patient address information will be returned.

Input:	DFN	This required variable is the internal entry number in the PATIENT file.
--------	-----	--

- VAHOW** This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts.
- 1 -- return the output array with alpha subscripts - see Attachment (e.g., VAPA(1) would be VAPA("L1"))
  - 2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VAPA",\$J,1))
  - 12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VAPA",\$J,"L1"))
- VAROOT** This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGADD")
- VAPA("P")** This optional variable can be set to force the return of the patient's permanent address. The permanent address array will be returned regardless of whether or not a temporary address is in effect. (e.g., VAPA("P")="")
- VATEST("ADD",9)** This optional variable can be defined to a beginning date in VA File-Manager format. If the entire range specified is not within the effective time window of the temporary address start and stop dates, the patient's regular address is returned. (e.g., VATEST("ADD",9)=2920101)

VATEST("ADD",10) This optional variable can be defined to a ending date in VA FileManager format. If the entire range specified is not within the effective time window of the temporary address start and stop dates, the patient's regular address is returned.  
(e.g., VATEST("ADD",10)=2920301)

Output:	VAPA(1)	The first line of the STREET ADDRESS. (e.g., 123 South Main Street)
	VAPA(2)	The second line of the STREET ADDRESS. (e.g., Apartment #1245.)
	VAPA(3)	The third line of the STREET ADDRESS. (e.g., P.O. Box 1234)
	VAPA(4)	The CITY corresponding to the street address previously indicated. (e.g., ALBANY)
	VAPA(5)	The STATE corresponding to the city previously indicated in internal^external format. (e.g., 6^CALIFORNIA)
	VAPA(6)	The ZIP CODE of the city previously indicated. (e.g., 12345)
	VAPA(7)	The COUNTY in which the patient is residing in internal^external format. (e.g., 1^ALAMEDA)
	VAPA(8)	The PHONE NUMBER of the location in which the patient is currently residing. (e.g., (123) 456-7890)
	VAPA(9)	If the address information provided pertains to a temporary address, the TEMPORARY ADDRESS START DATE in internal^external format. (e.g., 2880515^MAY 15,1988)

- VAPA(10) If the address information provided pertains to a temporary address, the TEMPORARY ADDRESS END DATE in internal^external format.  
(e.g., 2880515^MAY 15,1988)
- VAPA(11) The ZIP+4 (5 or 9 digit zip code) of the city previously indicated in internal^external format.  
(e.g., 123454444^12345-4444)
- VAERR The error flag will have one of the following values.  
0 -- no errors encountered  
1 -- error encountered - DFN or ^DPT(DFN,0) is not defined

## 6. OAD^VADPT

This entry point returns other specific address information.

- |        |       |  |
|--------|-------|--|
| Input: | DFN   | This required variable is the internal entry number in the PATIENT file.   |
|        | VAHOW | This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts.<br>1 -- return the output array with alpha subscripts - see Attachment (e.g., VAOA(1) would be VAOA("L1"))<br>2 -- return the output in the ^UTILITY global with numeric subscripts<br>(e.g., ^UTILITY("VAOA",\$J,1))<br>12 -- return the output in the ^UTILITY global with alpha subscripts<br>(e.g., ^UTILITY("VAOA,\$J","L1")) |

	<b>VAROOT</b>	This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGOA")
	<b>VAOA("A")</b>	This optional variable may be passed to indicate which specific address the programmer wants returned. If it is not defined, the PRIMARY NEXT-OF-KIN will be returned. Otherwise, the following will be returned based on information desired.
		VAOA("A")=1 primary emergency contact
		VAOA("A")=2 designee for personal effects
		VAOA("A")=3 secondary next-of-kin
		VAOA("A")=4 secondary emergency contact
		VAOA("A")=5 patient employer
		VAOA("A")=6 spouse's employer
<b>Output:</b>	<b>VAOA(1)</b>	The first line of the STREET ADDRESS. (e.g., 123 South First Street)
	<b>VAOA(2)</b>	The second line of the STREET ADDRESS. (e.g., Apartment 9D)
	<b>VAOA(3)</b>	The third line of the STREET ADDRESS. (e.g., P.O. Box 1234)
	<b>VAOA(4)</b>	The CITY in which the contact/ employer resides. (e.g., NEWINGTON)
	<b>VAOA(5)</b>	The STATE in which the contact/ employer resides in internal^external format. (e.g., 6^CALIFORNIA)
	<b>VAOA(6)</b>	The ZIP CODE of the location in which the contact/employer resides. (e.g., 12345)

VAOA(7)	The COUNTY in which the contact/ employer resides in internal^external format. (e.g., 1^ALAMEDA)
VAOA(8)	The PHONE NUMBER of the contact/employer. (e.g., (415) 967-1234)
VAOA(9)	The NAME of the contact or, in case of employment, the employer to whom this address information applies. (e.g., SMITH,ROBERT P.)
VAOA(10)	The RELATIONSHIP of the contact (if applicable) to the patient; otherwise, null. (e.g., FATHER)
VAOA(11)	The ZIP+4 (5 or 9 digit zip code) of the location in which the contact/employer resides in internal^external format. (e.g., 123454444^12345-4444)
VAERR	The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined

**7. INP^VADPT**

This entry point will return data related to an inpatient episode.

Input:	DFN	This required variable is the internal entry number in the PATIENT file.
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VAHOW	<p>This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts.</p> <p>1 -- return the output array with alpha subscripts - see Attachment (e.g., VAIN(1) would be VAIN("AN"))</p> <p>2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VAIN",\$J,1))</p> <p>12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VAIN,\$J,"AN"))</p>
VAROOT	<p>This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGIN")</p>
VAINDT	<p>This optional variable may be set to a past date/time for which the programmer wishes to know the patient's inpatient status. This must be passed as an internal VA FileManager date/time format. If time is not passed, it will assume anytime during that day. If this variable is not defined, it will assume now as the date/time. (e.g., 2880101.08)</p>
Output:	<p>VAIN(1) The INTERNAL NUMBER [IFN] of the admission if one was found for the date/time requested. If no inpatient episode was found for the date/time passed, then all variables in the VAIN array will be returned as null. (e.g., 123044)</p>

- VAIN(2) The PRIMARY CARE PHYSICIAN [PROVIDER] assigned to the patient at the date/time requested in internal^external format. (e.g., 3^SMITH,JOSEPH L.)
- VAIN(3) The TREATING SPECIALTY assigned to the patient at the date/time requested in internal^external format. (e.g., 19^GERIATRICS)
- VAIN(4) The WARD LOCATION to which the patient was assigned at the date/time requested in internal^external format. (e.g., 27^IBSICU)
- VAIN(5) The ROOM-BED to which the patient was assigned at the date/time requested in external format. (e.g., 123-B)
- VAIN(6) This will return a "1" in the first piece if the patient is in a bed status; otherwise, a "0" will be returned. A non-bed status is made based on the last transfer type to a non-bed status, (i.e., authorized absence, unauthorized absence, etc.) The second piece will contain the name of the last transfer type should one exist. (e.g., 1^FROM AUTHORIZED ABSENCE)
- VAIN(7) The ADMISSION DATE/TIME for the patient in internal^external format. (e.g., 2870213.0915^FEB 13,1987@09:15)
- VAIN(8) The ADMISSION TYPE for the patient in internal^external format. (e.g., 3^DIRECT)

VAIN(9)	The ADMITTING DIAGNOSIS for the patient. (e.g., PSYCHOSIS)
VAIN(10)	The internal entry number of the PTF record corresponding to this admission. (e.g., 2032)
VAIN(11)	The ATTENDING PHYSICIAN in internal^external format. (e.g., 25^SMITH,JOHN)
VAERR	The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined

## 8. IN5^VADPT

This entry point will return data related to an inpatient episode.

Input:	DFN	This required variable is the internal entry number in the PATIENT file.
	VAHOW	This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts. 1 -- return the output array with alpha subscripts - see Attachment (e.g., VAIP(1) would be VAIP("MN")) 2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VAIP",\$J,1)) 12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VAIP",\$J,"MN"))
	VAROOT	This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGI5")

- VAIP("D")** This optional variable can be defined as follows.
- VAIP("D")=VA FileManager date in internal format.  
If the patient was an inpatient at the date/time passed, movement data pertaining to that date/time will be returned.
- VAIP("D")="LAST"  
Movement data pertaining to the last movement on file, regardless if patient is a current inpatient.
- VAIP("D")=valid date without time  
Will return movement data if patient was an inpatient at any time during the day on the date that was passed in.
- VAIP("D") - not passed  
Will return movement data if the patient was in inpatient based on "now".
- VAIP("L")** This optional variable, when passed, will include lodgers movements in the data. (e.g., VAIP("L")="")
- VAIP("V")** Can be defined as the variable used instead of VAIP(.  
(e.g., VAIP("V")="SD")
- VAIP("E")** This optional variable is defined as the internal file number of a specific movement. If this is defined, VAIP("D") is ignored.  
(e.g., VAIP("E")=123445)
- VAIP("M")** This optional variable can be passed as a "1" or a "0" (or null).

VAIP("M")=0 - The array returned will be based on the admission movement associated with the movement date/time passed.

VAIP("M")=1 - The array returned will be based on the last movement associated with the date/time passed.

Output:	VAIP(1)	The INTERNAL FILE NUMBER [IFN] of the movement found for the specified date/time. (e.g., 231009)
	VAIP(2)	The TRANSACTION TYPE of the movement in internal^external format where: 1=admission 2=transfer 3=discharge 4=check-in lodger 5=check-out lodger 6=specialty transfer (e.g., 3^DISCHARGE)
	VAIP(3)	The MOVEMENT DATE/TIME in internal^external date format. (e.g., 2880305.09^MAR 5,1988@09:00)
	VAIP(4)	The TYPE OF MOVEMENT in internal^external format. (e.g., 4^INTERWARD TRANSFER)
	VAIP(5)	The WARD LOCATION to which patient was assigned with that movement in internal^external format. (e.g., 32^1B-SURG)
	VAIP(6)	The ROOM-BED to which the patient was assigned with that movement in internal^external format. (e.g., 88^201-01)

- VAIP(7) The PRIMARY CARE PHYSICIAN assigned to the patient in internal^external format. (e.g., 3^SMITH,JACOB)
- VAIP(8) The TREATING SPECIALTY assigned with that movement in internal^external format. (e.g., 98^OPTOMETRY)
- VAIP(9) The DIAGNOSIS assigned with that movement. (e.g., UPPER GI BLEEDING)
- VAIP(10) This will return a "1" in the first piece if the patient is in a bed status; otherwise, a "0" will be returned. A non-bed status is made based on the last transfer type, if one exists, and a transfer to a non-bed status, (i.e., authorized absence, unauthorized absence, etc.) The second piece will contain the name of the last transfer type should one exist. (e.g., 1^FROM AUTHORIZED ABSENCE)
- VAIP(11) If patient is in an absence status on the movement date/time, this will return the EXPECTED RETURN DATE from absence in internal^external format. (e.g., 2880911^SEP 11,1988)
- VAIP(12) The internal entry number of the PTF record corresponding to this admission. (e.g., 2032)
- VAIP(13) The INTERNAL FILE NUMBER of the admission associated with this movement. (e.g., 200312)
- VAIP(13,1) The MOVEMENT DATE/TIME in internal^external format. (e.g., 2881116.08^NOV 16,1988@08:00)

- VAIP(13,2) The TRANSACTION TYPE in internal^external format.  
(e.g., 1^ADMISSION)
- VAIP(13,3) The MOVEMENT TYPE in internal^external format.  
(e.g., 15^DIRECT)
- VAIP(13,4) The WARD LOCATION associated with this patient with this movement in internal^external format.  
(e.g., 5^7BSCI)
- VAIP(13,5) The PRIMARY CARE PHYSICIAN assigned to the patient for this movement in internal^external format.  
(e.g., 16^JONES, CHARLES C)
- VAIP(13,6) The TREATING SPECIALTY for the patient for this movement in internal^external format.  
(e.g., 3^NEUROLOGY)
- VAIP(14) The INTERNAL FILE NUMBER of the last movement associated with this movement.  
(e.g., 187612)
- VAIP(14,1) The MOVEMENT DATE/TIME in internal^external format.  
(e.g., 2881116.08^NOV 16,1988@08:00)
- VAIP(14,2) The TRANSACTION TYPE in internal^external format.  
(e.g., 2^TRANSFER)
- VAIP(14,3) The MOVEMENT TYPE in internal^external format.  
(e.g., 4^INTERWARD TRANSFER)
- VAIP(14,4) The WARD LOCATION associated with this patient with this movement in internal^external format.  
(e.g., 5^7BSCI)

- VAIP(14,5) The PRIMARY CARE PHYSICIAN assigned to the patient for this movement in internal^external format.  
(e.g., 16^JONES, CHARLES C)
- VAIP(14,6) The TREATING SPECIALTY for the patient for this movement in internal^external format.  
(e.g., 3^NEUROLOGY)
- VAIP(15) The INTERNAL FILE NUMBER of the movement which occurred immediately prior to this one, if one exists. (e.g., 153201)
- VAIP(15,1) The MOVEMENT DATE/TIME in internal^external format.  
(e.g., 2881116.08^NOV 16,1988@08:00)
- VAIP(15,2) The TRANSACTION TYPE in internal^external format.  
(e.g., 2^TRANSFER)
- VAIP(15,3) The MOVEMENT TYPE in internal^external format.  
(e.g., 4^INTERWARD TRANSFER)
- VAIP(15,4) The WARD LOCATION associated with this patient with this movement in internal^external format.  
(e.g., 5^7BSCI)
- VAIP(15,5) The PRIMARY CARE PHYSICIAN assigned to the patient for this movement in internal^external format.  
(e.g., 16^JONES, CHARLES C)
- VAIP(15,6) The TREATING SPECIALTY for the patient for this movement in internal^external format.  
(e.g., 3^NEUROLOGY)

- VAIP(16) The INTERNAL FILE NUMBER of the movement which occurred immediately following this one, if one exists. (e.g., 146609)
- VAIP(16,1) The MOVEMENT DATE/TIME in internal^external format. (e.g., 2881116.08^NOV 16,1988@08:00)
- VAIP(16,2) The TRANSACTION TYPE in internal^external format. (e.g., 2^TRANSFER)
- VAIP(16,3) The MOVEMENT TYPE in internal^external format. (e.g., 4^INTERWARD TRANSFER)
- VAIP(16,4) The WARD LOCATION associated with this patient with this movement in internal^external format. (e.g., 5^7BSCI)
- VAIP(16,5) The PRIMARY CARE PHYSICIAN assigned to the patient for this movement in internal^external format. (e.g., 16^JONES, CHARLES C)
- VAIP(16,6) The TREATING SPECIALTY for the patient for this movement in internal^external format. (e.g., 3^NEUROLOGY)
- VAIP(17) The INTERNAL FILE NUMBER of the discharge associated with this movement. (e.g., 1902212)
- VAIP(17,1) The MOVEMENT DATE/TIME in internal^external format. (e.g., 2881116.08^NOV 16,1988@08:00)
- VAIP(17,2) The TRANSACTION TYPE in internal^external format. (e.g., 3^DISCHARGE)

- VAIP(17,3) The MOVEMENT TYPE in internal^external format.  
(e.g., 16^REGULAR)
- VAIP(17,4) The WARD LOCATION associated with this patient for this movement in internal^external format.  
(e.g., 5^7BSCI)
- VAIP(17,5) The PRIMARY CARE PHYSICIAN assigned to the patient for this movement in internal^external format.  
(e.g., 16^JONES, CHARLES C)
- VAIP(17,6) The TREATING SPECIALTY for the patient for this movement in internal^external format.  
(e.g., 3^NEUROLOGY)
- VAIP(18) The ATTENDING PHYSICIAN assigned to the patient for this movement in internal^external format.  
(e.g., 25^SMITH,JOHN)
- VAERR The error flag will have one of the following values.  
0 -- no errors encountered  
1 -- error encountered - DFN or ^DPT(DFN,0) is not defined

### 9. OPD^VADPT

Returns other pertinent patient data which is commonly used but not contained in any other calls to VADPT.

Input:	DFN	This required variable is the internal entry number in the PATIENT file.
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VAHOW	<p>This optional variable can be set to a requested format for the output array. If this variable is not defined or does not contain one of the following values, the output array will be returned with numeric subscripts.</p> <p>1 -- return the output array with alpha subscripts - see Attachment (e.g., VAPD(1) would be VAPD("BC"))</p> <p>2 -- return the output in the ^UTILITY global with numeric subscripts (e.g., ^UTILITY("VAPD",\$J,1))</p> <p>12 -- return the output in the ^UTILITY global with alpha subscripts (e.g., ^UTILITY("VAPD",\$J,"BC"))</p>
VAROOT	<p>This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGPD")</p>
Output:	<p>VAPD(1) The PLACE OF BIRTH [CITY]. (e.g., SAN FRANCISCO)</p> <p>VAPD(2) The PLACE OF BIRTH [STATE] in internal^external format. (e.g., 6^CALIFORNIA)</p> <p>VAPD(3) The FATHER'S NAME. (e.g., SMITH,FRED Z.)</p> <p>VAPD(4) The MOTHER'S NAME. (e.g., MARY)</p> <p>VAPD(5) The MOTHER'S MAIDEN NAME. (e.g., JONES,MARGARET)</p> <p>VAPD(6) The patient's OCCUPATION. (e.g., CARPENTER)</p>

- VAPD(7) The patient's EMPLOYMENT STATUS in internal^external format. (e.g., 4^SELF EMPLOYED)
- VAERR The error flag will have one of the following values.  
 0 -- no errors encountered  
 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined

**10. REG^VADPT**

Returns REGISTRATION/DISPOSITION data.

- Input: DFN This required variable is the internal entry number in the PATIENT file.
- VAROOT This optional variable can be set to a local variable or global name in which to return the output. (e.g., VAROOT="DGADD")
- VARP("F") Can be defined as the "from" date for which registrations are desired. This must be passed as a valid VA File-Manager date. (e.g., VARP("F")=2930101)
- VARP("T") Can be defined as the "to" date for which registrations are desired. This must be passed as a valid VA File-Manager date. If neither VARP("F") nor VARP("T") are defined, all registrations will be returned. (e.g., VARP("T")=2930530)
- VARP("C") Can be defined as the number of registrations you want returned in the array. (e.g., VARP("C")=5 - will return 5 most recent)

Output:	^UTILITY("VARP",\$J,#,"I")	Internal format
	^UTILITY("VARP",\$J,#,"E")	External format
	Piece 1	Registration Date/Time
	Piece 2	Status
	Piece 3	Type of Benefit applied for
	Piece 4	Facility Applying to
	Piece 5	Who Registered
	Piece 6	Log out (disposition) date/time
	Piece 7	Disposition Type
	Piece 8	Who Dispositioned

**VAERR**      The error flag will have one of the following values.  
 0 -- no errors encountered  
 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined

**11. SDE^VADPT**

Returns ACTIVE clinic enrollments for a patient.

Input:	DFN	This required variable is the internal entry number in the PATIENT file.
--------	-----	--

Output:	^UTILITY("VAEN",\$J,#,"I")	Internal format
	^UTILITY("VAEN",\$J,#,"E")	External format
	Piece 1	Clinic Enrolled in
	Piece 2	Enrollment Date
	Piece 3	OPT or AC

**VAERR**      The error flag will have one of the following values.  
 0 -- no errors encountered  
 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined

**12. SDA^VADPT**

Returns APPOINTMENT DATE/TIME data for a patient.

- Input:**                      **DFN**                      This required variable is the internal entry number in the PATIENT file.
- VASD("T")**                      Can be defined as the "to" date for which registrations are desired. This must be passed as a valid VA File-Manager date. If neither VASD("F") nor VASD("T") are defined, all future appointments will be returned.
- VASD("F")**                      Can be defined as the "from" date for which appointments are desired. This must be passed as a valid VA File-Manager date. If not defined, it is assumed only future appointments should be returned.
- VASD("W")**                      Can be passed as the specific STATUS desired in the following format. If not passed, only those appointments which are still scheduled (or kept in the event of a past date) for both inpatients and outpatients will be returned.

If VASD("W")

<u>Contains a</u>	<u>These appts. are returned</u>
1	Active/Kept
2	Inpatient appts. only
3	No-shows
4	No-shows, auto-rebook
5	Cancelled by Clinic
6	Cancelled by Clinic, auto rebook
7	Cancelled by Patient
8	Cancelled by Patient, auto rebook
9	No action taken

## VASD("C",Clinic IFN)

Can be set up to contain only those internal file entries from the HOSPITAL LOCATION file for clinics which you would like to see appointments for this particular patient. You may define this array with just one clinic or with many. If you do not define this variable, it will be assumed that you want appointments for this patient in all clinics returned.

Output:                    ^UTILITY("VASD", \$J, #, "I")      Internal format  
                              ^UTILITY("VASD", \$J, #, "E")      External format

Piece 1      Date/Time of Appointment  
 Piece 2      Clinic  
 Piece 3      Status  
 Piece 4      Appointment Type

VAERR      The error flag will have one of the following values.

0 -- no errors encountered  
 1 -- error encountered - DFN or  
       ^DPT(DFN,0) is not defined

**13. PID^VADPT**

This call is used to obtain the patient identifier in long and brief format.

Input:                    DFN                    This required variable is the internal entry number in the PATIENT file.

VAPTYP      This optional variable can be set to the internal number of a patient eligibility. The variable can be used to indicate the patient's type such as VA, DOD, or IHS through the eligibility. If this variable is not defined or the eligibility does not exist, the VA patient IDs will be returned.

Output:	VA("PID")	The long patient identifier. (e.g., 111-22-3333P)
	VA("BID")	The short patient identifier. (e.g., 3333P)
	VAERR	The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined

#### 14. **PID^VADPT6**

This call returns the same variables as the call mentioned above, but will eliminate the unnecessary processing time required calling PID^VADPT.

#### 15. **ADM^VADPT2**

This returns the internal file number of the admission movement. If VAINDT is not defined, this will use "NOW" for the date/time.

Input:	DFN	This required variable is the internal entry number in the PATIENT file.
	VAINDT	This optional variable may be set to a past date/time for which the programmer wishes to know the patient's inpatient status. This must be passed as an internal VA FileManager date/time format. (e.g., 2880101.08)
Output:	VADMVT	Returns the internal file number of the admission movement.
	VAERR	The error flag will have one of the following values. 0 -- no errors encountered 1 -- error encountered - DFN or ^DPT(DFN,0) is not defined

**16. KVAR^VADPT**

This call is used to remove all variables defined by the VADPT routine. The programmer should elect to utilize this call to remove the arrays which were returned by VADPT.

**17. KVA^VADPT**

This call is used as above and will also kill the VA("BID") and VA("PID") variables.

**18. COMBINATIONS**

The following calls may be made to return a combination of arrays with a single call.

Input:                      DFN                      This required variable is the internal entry number in the PATIENT file.

See specific call for other variable input

Output:

CALL	DEMOGRAPHIC	ELIGIBILITY	INPATIENT	INPATIENT	ADDRESS	SERVICE	MONETARY	REGISTRATION	ENROLLMENT	APPOINTMENT
	VADM	VAEL	VAIN	VAIP	VAPA	VASV	VAMB	UTILITY("VARP"	UTILITY("VAEN"	UTILITY("VASD"
OERR	X		X							
1	X		X							
2	X	X								
3		X	X							
4	X				X					
5			X		X					
6	X	X			X					
7		X				X				
8		X				X	X			
9	X							X	X	X
10									X	X
51	X			X						
52		X		X						
53				X	X					
ALL	X	X	X		X	X	X	X	X	X
A5	X	X		X	X	X	X	X	X	X









Appendix A - VADPT Variables  
Attachment - Alpha Subscripts

## Appendix B - EDR Error Message Reference Guide

This appendix has been prepared for use by personnel at VAMC sites who are using Event-Driven Reporting (EDR) Version 1.5. We assume that the reader has an understanding of the core functions and the principal design features of the EDR system. If further information is needed about the design, refer to the EDR Technical Manual at your facility or contact your ISC help desk.

EDR utilizes a flexible communications standard called "HL7" (Health Level Seven) for transmission of patient-specific data from VAMCs to the EDR central repositories (called "Repository Collection Points" or RCPs). This same standard also provides feedback to the VAMC in the form of acknowledgment messages (message type "ACK" in the HL7 parlance). These ACK messages may indicate to the DHCP software at the VAMC that the messages have successfully been decoded and posted into the repository data base, or they may indicate a possible error or ambiguity which requires clarification or correction by VAMC personnel. This appendix will explain why these messages were generated by the RCP and what action is expected by the VAMC in response. It is not necessary for VAMC personnel to have knowledge of HL7. It is the intention of the design team that EDR error messages will be clearly understandable in English and that this appendix will supply all information needed for VAMC personnel to respond appropriately. Moreover, the VAMC recipient will differ depending on the type of error message being transmitted.

One aspect of the EDR design warrants amplification at this point. *The sole source of data (including updates and corrections) in the EDR RCP is the medical center's DHCP computer system.* Data is automatically extracted from the MAS package already in use at the VAMC. If an error is found by the EDR automated error-checking software, the only possible pathway for correction is via the appropriate VAMC DHCP package. Thus, responsibility for the accuracy and quality of data in EDR repositories is in the hands of VAMC personnel, who utilize DHCP packages with which they are already familiar to correct errors.

Will the EDR data base ever be error-free? No. Although perfection is a worthy goal, it is not a realistic one. However, the overall error rate in the EDR repository is intended to be below 1 percent. Remember, only a small subset of DHCP data is transmitted to EDR. This data is used to calculate and track workload for the VAMC. It is in the interest of the VAMC that this subset of the local VAMC data be accurate in the EDR repository, because future resource allocations and some current local and regional management decisions will be based on that data. The EDR system assumes that the latest data is the most accurate data. Not necessarily perfect, simply the most accurate. If an error is detected and corrected, the EDR repository will immediately reflect this improved data quality.

By providing very timely acknowledgment and notification of possible errors, EDR places in the hands of VAMC the information needed to correct any data problems within 24 hours of their occurrence. If the VAMC does not correct an error, it will remain uncorrected.

**Table of EDR Error Messages Generated by the Repository Collection Point (RCP)**

*Listed alphabetically*

**Note:** All error messages with one exception include the DHCP visit number of the offending HL7 message. This should help in tracing the source of the error.

<b>Message</b>	<b>Error Type</b>
Admit date is bad or missing. Visit number nnnnn	AR
Admit-date-time not found. Visit number nnnnn	AR
Admit-date-time bad format. Visit number nnnnn	AR
Admit-date-time change conflicts with a previous episode. Visit number nnnnn	AR
Ambiguous patient ID: Missing SSN. Visit number nnnnn	AR
Ambiguous patient ID: Missing name or DOB. Visit number nnnnn	AR
Cancel, but can't find event to cancel. Visit number nnnnn	AE
Discharge date is bad or missing. Visit number nnnnn	AR
Duplicate discharge or dates out of order. Visit number nnnnn	AR
Event date is bad or missing. Visit number nnnnn	AR
Facility ID number is invalid. Visit number nnnnn	AR
Not your patient. Visit number nnnnn	AR
Overlapping episodes of care. Visit numbers nnnnn nnnnn	AE
Transfer date is bad or missing. Visit number nnnnn	AR
Treating specialty invalid. Visit number nnnnn	AR
Visit number is bad or missing. Visit number nnnnn (may be absent)	AR

Error Types

AR: Data rejected, and nothing is posted to the EDR database.

AE: Data contains errors, but has been posted to the EDR database. If the error is corrected, the database will be corrected.

**Detailed Explanation of Error Messages  
and Expected Action by VAMC**

<b>Admit date is bad or missing.</b>	The event date received by the RCP for the admission event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility.
<b>Admit-date-time not found.</b>	This information is mandatory for EDR data base operations. Edit the admission (corresponding to the Visit Number in this message) in DHCP with correct information.
<b>Admit-date-time bad format.</b>	The correct DHCP format is: MM/DD/YY@HHMM. If seconds are transmitted, EDR ignores them. DHCP allows flexibility for entering date and time.
<b>Admit-date-time change conflicts with a previous episode.</b>	The new admit-date-time conflicts with another episode already posted in the EDR data base.
<b>Ambiguous patient ID Missing SSN.</b>	Supply the patient's Social Security Number in the correct format for the DHCP visit number specified in the error message.
<b>Ambiguous patient ID Missing name or DOB.</b>	EDR requires a minimum of the patient's surname and year of birth. If these are correct for the DHCP visit number specified, contact your ISC help desk.
<b>Cancel, but can't find event to cancel.</b>	The EDR data base does not contain a prior record of the event which is to be cancelled. No action is required from the facility unless the missing event was judged to be essential, in which case it must be re-entered into DHCP, and the cancel re-entered following this.
<b>Discharge date is bad or missing.</b>	The event date received by the RCP for the discharge event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility.
<b>Duplicate discharge or dates out of order.</b>	VAMC must determine the correct discharge, then edit the date in DHCP, or cancel the invalid discharge. (Use the DHCP visit number[s] contained in the message.)
<b>Event date is bad or missing.</b>	This message will be used only if the type of event (such as admission, discharge, etc.) cannot be determined. The event date received by the RCP for the event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility.

## Appendix B - EDR Error Message Reference Guide

<b>Facility ID is invalid.</b>	The facility ID is not recognized by the EDR data base. If it is correct, contact your ISC help desk. The correct format is: NNNaaaa, where the alpha characters "aaaa" are optional, and used only in cases delineated by MAS standards.
<b>Not your patient.</b>	This patient currently has an active episode at another facility. Check the patient ID and, if it is correct, contact the ISC help desk.
<b>Overlapping episodes of care.</b>	The event (referred to by the visit number in this message) implies two simultaneous episodes of care, which EDR will not allow. Check the events to determine if they were entered out-of-sequence in DHCP, or if this patient was discharged prior to the second event, in which case the discharge must be re-entered or edited in DHCP. This error may also occur if ASIH transfers have been sequenced or entered incorrectly. Contact your ISC help desk if no DHCP errors are found.
<b>Transfer date is bad or missing.</b>	The event date received by the RCP for the transfer event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility.
<b>Treating specialty invalid.</b>	The treating specialty code for this DHCP visit number is not recognized by the EDR data base. Edit the treating specialty code in DHCP for this visit number.
<b>Visit number is bad or missing.</b>	In most cases, this will occur due to a transmission error between the VAMC and the RCP. Determine the event (from the date & time of the event) and re-enter into DHCP. Contact your ISC help desk also.

## Appendix C - EDR Troubleshooting Guide

# EDR Troubleshooting Guide

This guide is designed to assist you in troubleshooting problems with Version 1.5 of the Event Driven Reporting (EDR) package. For ease of reference, problems are grouped into three categories:

CAPTURE PROBLEMS	PROCESS PROBLEMS	TRANSMISSION PROBLEMS
Data is not being recorded in the EDR EVENT file (#705).	Data is not being placed in mail messages or is not being deleted from the PIMS EDR EVENT file.	Mail messages are not being sent or received.

Once you have determined the category of your problem, find the specific problem in the table below that most closely matches what you are seeing. Follow the steps for corrective action in the order suggested. The steps are listed in order starting with the most common solution to a specific problem.

Capture Problems	Process Problems	Transmission Problems
<p><i>PTF Release Events Not Being Captured</i></p> <ol style="list-style-type: none"> <li>1. Check that the "AEDR" cross-reference exists on the DATE TRANSMITTED field (#1) of the PTF RECORD (multiple) field (#10) of the PTF RELEASE file (#45.83). Refer to the EDR Installation Guide for information on how this cross-reference should look.</li> <li>2. Check the Kernel error log for errors in the VAFEDG routine. Contact your ISC support person for patches for any errors you find.</li> </ol> <hr/> <p><i>Inpatient Movement Events Not Being Captured</i></p> <ol style="list-style-type: none"> <li>1. Check that the VAFED EDR INPATIENT CAPTURE EVENTS protocol exists in the PROTOCOL file (#101). Check that the ENTRY ACTION field (#20) of the protocol contains the MUMPS code "D ^VAFEDG". Check that this protocol has been added as an ITEM (multiple) field (#10) entry on the DGPM MOVEMENT EVENTS protocol.</li> <li>2. Check the Kernel error log for errors in the routine VAFEDG. Contact your ISC support person for patches for any errors you find.</li> </ol>	<p><i>Events Remaining in PIMS EDREVENT File</i></p> <ol style="list-style-type: none"> <li>1. Check that the Process PIMS Events for EDR option exists in the OPTION file (#19). Check that this option has been queued to run on a daily basis. Check that the ROUTINE field (#25) contains the MUMPS code "EN1^VAFEDG1".</li> <li>2. Check the Kernel error trap for errors in the routine VAFEDG1. Contact your ISC support person for patches for any errors you find.</li> </ol> <hr/> <p><i>Mail Messages Not Being Built</i></p> <ol style="list-style-type: none"> <li>1. Run the Failed HL7 Transmissions Print/Display option on the Print/Display Menu of the DHCP HL7 package to see if there have been any errors during the processing of events in the PIMS EDR EVENT file (#391.51). Normally these error messages will indicate the problem that needs to be corrected.</li> <li>2. Check the Kernel error trap for errors in the VAFEDG1, HLTRANS, HLTF or HLFNC routines. Contact your ISC support person for patches for any errors you find.</li> </ol>	<p><i>Mail Messages Not Being Sent</i></p> <ol style="list-style-type: none"> <li>1. Check that you have an EDR-MAS mail group in the MAIL GROUP file (#3.8) with at least one MEMBER entered and the appropriate REMOTE MEMBER entered. Refer to the EDR Installation Guide for instructions on setting up this mail group.</li> <li>2. Check that the entry in the DOMAIN file (#4.2) for the remote member to which you are sending your messages is set up correctly. Refer to the EDR Installation Guide for specific instructions on how the DOMAIN file entry should be set up.</li> <li>3. Run the Failed HL7 Transmissions Print/Display option on the Print/Display Menu of the DHCP HL7 package to see if there have been any errors related to building/transmitting mail messages. Normally these error messages will indicate the problem that needs to be corrected.</li> <li>4. Check that the mail messages are in the Postmaster message queue. Use the MailMan option to play a script to the queue (domain) to which you are sending your messages. If a problem is encountered, refer to the MailMan documentation for troubleshooting guidance.</li> </ol> <hr/> <p><i>Mail Messages Not Being Acknowledged or EDR Reports not Being Received</i></p> <ol style="list-style-type: none"> <li>1. Check that you have the RCP-EDR REPORTS Mail Group in the MAIL GROUP file (#3.8), that the mail group has a TYPE of "public", does not have any AUTHORIZED SENDERS, and has at least one MEMBER. Refer to the EDR Installation Guide for instructions on setting up this mail group.</li> </ol>

Appendix C - EDR Troubleshooting Guide

EDR Error Messages Generated by the Repository Collection Point (RCP)	
Message	Error Type
Admit-date is bad or missing: Visit number nnnnn	AR
Admit-date-time not found: Visit number nnnnn	AR
Admit-date-time bad format: Visit number nnnnn	AR
Admit-date-time change conflicts with a previous episode. Visit number nnnnn	AR
Ambiguous patient ID: Missing SSN. Visit number nnnnn	AR
Ambiguous patient ID: Missing name or DOB. Visit number nnnnn	AR
Cancel, but can't find event to cancel. Visit number nnnnn	AE
Discharge date bad or missing. Visit number nnnnn	AR
Duplicate discharge or dates out of order. Visit number nnnnn	AR
Event date bad or missing. Visit number nnnnn	AR
Facility ID number invalid. Visit number nnnnn	AR
Not your patient. Visit number nnnnn	AR
Overlapping episodes of care. Visit numbers nnnnn nnnnn	AE
Transfer date bad or missing. Visit number nnnnn	AR
Treating specialty invalid. Visit number nnnnn	AR
Visit number is bad or missing. Visit number nnnnn (may be absent)	AR

**Error Type**

**AR:** Data rejected, and nothing is posted to the EDR database.

**AE:** Data contains errors, but has been posted to the EDR database. If the error is corrected, the database will be corrected.

Detailed Explanation of Error Messages and Expected Action by VAMC	
Admit date is bad or missing	The event date received by the RCP for the admission event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility.
Admit-date-time not found	This information is mandatory for EDR database operations. Edit the admission (corresponding to the visit number in this message) in DHCP with correct information.
Admit-date-time bad format	The correct DHCP format is: MM/DD/YY@HHMM. If seconds are transmitted, the EDR database ignores them. DHCP allows flexibility for entering date and time.
Admit-date-time change conflicts with a previous episode	The new admit-date-time conflicts with another episode already posted in the EDR database.
Ambiguous patient ID: Missing SSN	Supply the patient's Social Security Number in the correct format for the DHCP visit number specified in the error message.
Ambiguous patient ID: Missing name or DOB	EDR requires a minimum of the patient's surname and year of birth. If these are correct for the DHCP visit number specified, contact your ISC help desk.
Cancel, but can't find event to cancel	The EDR database does not contain a prior record of the event which is to be cancelled. No action is required from the facility, unless the missing event was judged to be essential, in which case it must be re-entered into DHCP, and the cancel re-entered following this.
Discharge date is bad or missing	The event date received by the RCP for the discharge event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility.
Duplicate discharge or dates out of order	VAMC must determine the correct discharge, then edit the date in DHCP, or cancel the invalid discharge (Use the DHCP visit number[s] contained in the message.)
Event date is bad or missing	This message will be used only if the type of event (such as admission, discharge, etc.) cannot be determined. The event date received by the RCP for the event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility.
Facility ID is invalid	The facility ID is not recognized by the EDR database. If it is correct, contact your ISC help desk. The correct format is: NNNaaaa, where the characters "aaaa" are optional, and used only in cases delineated by MAS standards.
Not your patient	This patient currently has an active episode at another facility. Check the patient ID, and if it is correct, contact your ISC help desk.
Overlapping episodes of care	The event (referred to by the visit number in this message) implies two simultaneous episodes of care, which is not allowed. Check the events to determine if they were entered out-of-sequence in DHCP, or if this patient was discharged prior to the second event, in which case the discharge must be re-entered or edited in DHCP. This error may also occur if ASIH transfers have been sequenced or entered incorrectly. Contact your ISC help desk if no DHCP errors are found.
Transfer date is bad or missing	The event date received by the RCP for the transfer event was either missing or not in the correct format. Correction is mandatory in order for workload to be credited to the facility.
Treating specialty invalid	The treating specialty code for this DHCP visit number is not recognized by the EDR database. Edit the treating specialty code in DHCP for this visit number.
Visit number is bad or missing	In most cases, this will occur due to a transmission error between the VAMC and the RCP. Determine the event (from the date & time of the event) and re-enter into DHCP. Contact your ISC help desk also.

# Appendix D - HL7 Interface Specifications

HEALTH LEVEL 7  
INTERFACE SPECIFICATIONS  
ALBANY INFORMATION SYSTEMS CENTER  
DEPARTMENT OF VETERANS AFFAIRS

DECENTRALIZED HOSPITAL COMPUTER PROGRAM  
EXCHANGE OF MAS HEALTH CARE INFORMATION

JULY 1993

## 1. PURPOSE

This document specifies an interface to the DHCP MAS package based upon the HL7 protocol. It is intended that this interface form the basis for the exchange of health care information between the DHCP MAS package and the Boston Development Center Event Driven Reporting (EDR) data base which will reside on multiple Repository Collection Points (RCP).

## 2. SCOPE

This document describes messages that are exchanged between the DHCP MAS package and the RCPs for the purpose of exchanging information concerning admission, discharge, and transfer movements as well as a patient information update and outpatient episode messages.

## 3. GENERAL SPECIFICATIONS

### 3.1 Communication Protocol

The DHCP MailMan electronic mail system will be used as the communications protocol for sending HL7 messages between the DHCP and RCPs.

### 3.2 Application Processing Rules

The HL7 protocol itself describes the basic rules for application processing by the sending and receiving systems. The HL7 version 2.2 protocol will be used. ADT and ORU messages are sent using the HL7 batch protocol.

### 3.3 Messages

The following HL7 messages will be used to support the exchange of MAS data.

ACK General Acknowledgment  
 ADT ADT Message  
 ORU Observation Results Unsolicited  
 QRY Query Message

### 3.4 Segments

The following HL7 segments will be used to support the exchange of MAS data.

BHS Batch Header  
 BTS Batch Trailer  
 EVN Event Type  
 DG1 Diagnosis  
 MSA Message Acknowledgment  
 MSH Message Header  
 NK1 Next of Kin  
 OBR Observation Request  
 OBX Result  
 ORC Common Order  
 PID Patient Identification  
 PV1 Patient Visit  
 PV2 Patient Visit - additional information  
 ZEL Patient Eligibility

### 3.5 Fields

The following HL7 fields will be used to support the exchange of MAS data for each of the segments listed in paragraph 3.4.

SEGMENT	FIELD SEQUENCE NUMBER	FIELD ELEMENT NAME	USER/HL7 DEFINED
BHS	1	Batch Field Separator	HL7
	2	Batch Encoding Characters	HL7
	3	Batch Sending Application	HL7
	4	Batch Sending Facility	HL7
	5	Batch Receiving Appl.	HL7
	6	Batch Receiving Facility	HL7
	7	Batch Creation Date/Time	HL7
	8	Batch Security	HL7
	9	Batch Name/ID/Type	HL7
	10	Batch Comment	HL7

SEGMENT	FIELD SEQUENCE NUMBER	FIELD ELEMENT NAME	USER/HL7 DEFINED
BHS, cont.	11	Batch Control ID	HL7
	12	Ref. Batch Control ID	HL7
BTS	1	Batch Message Count	HL7
EVN	1	Event Type Code	HL7 (Table 0003)
	2	Date/Time of Event	HL7
DG1	1	Set ID - Diagnosis	HL7 (# from 1-10)
	2	Diagnosis Coding Method	HL7 (Table 0053)
	3	Diagnosis Code	HL7 (ICD Codes)
	6	Diagnosis/DRG Type	USER (Table 0052)
MSA	1	Acknowledgment Code	HL7 (Table 0008)
	2	Message Control ID	HL7
	3	Text Message	HL7
MSH	1	Field Separator	HL7
	2	Encoding Characters	HL7
	3	Sending Application	HL7
	4	Sending Facility	HL7
	5	Receiving Application	HL7
	6	Receiving Facility	HL7
	7	Date/Time of Message	HL7
	8	Security	HL7
	9	Message Type	HL7
	10	Message Control ID	HL7
	11	Processing ID	HL7
	12	Version ID	HL7
NK1	1	Set ID - Next of Kin	HL7 (Always two quotes)
OBR	4	Universal Service Identifier	HL7
	7	Observation Date/Time	HL7
	8	Observation End Date/Time	HL7 (Always two quotes)
	9	Collection Volume	HL7 (Always two quotes)
	14	Specimen Received Date/Time	HL7 (Always two quotes)
	22	Results Rpt/Status Chng Date/Time	HL7
OBX	1	Set ID - Observation Simple	HL7
	2	Value Type	HL7
	3	Observation Identifier	HL7
	5	Observation Results	HL7 (Always two quotes)
ORC	1	Order Control	HL7 (NW or CA)

Appendix D - HL7 Interface Specifications

SEGMENT	FIELD SEQUENCE NUMBER	FIELD ELEMENT NAME	USER/HL7 DEFINED
PID	2	Patient ID (External ID)	HL7
	3	Patient ID (Internal ID)	HL7
	5	Patient Name	HL7
	7	Date of Birth	HL7
	8	Sex	HL7
	11	Patient Address	HL7
	19	SSN Number - Patient	HL7
ZEL	1	Set ID	USER (Sequential Number)
	2	Eligibility Code	USER (Table VA04)
PV1	1	Set ID	HL7 (1=PTF, 2=Census)
	2	Patient Class	HL7 (Table 0004)
	3	Assigned Patient Location	HL7 (See Note 1)
	6	Prior Patient Location	HL7 (See Note 1)
	7	Attending Doctor	HL7
	10	Hospital Service	USER (Table 0079)
	14	Admit Source	USER (Table 0023)
	18	Patient Type	USER (Table 0018)
	19	Visit Number	HL7
	36	Discharge Disposition	USER (Table 0112)
	37	Discharged to Location	USER (Table 0113)
	39	Servicing Facility	HL7
44	Admit Date/Time	HL7	
PV2	3	Admit Reason	USER (Table VA10)

Note 1: The ASSIGNED PATIENT LOCATION and PRIOR PATIENT LOCATION fields are HL7 ID type fields that consist of three components: Nurse Unit, Room, and Bed. For the purposes of this interface, Nurse Unit will be considered synonymous with Ward Location. The value of the Ward Location component of the ASSIGNED or PRIOR PATIENT LOCATION fields will be a one to three digit code. The prior patient location and assigned patient location are not used for outpatient episode data (i.e., when Patient Class equals O), therefore, the PRIOR PATIENT LOCATION field will always be null and the ASSIGNED PATIENT LOCATION field will always equal two quotes ("").

**TABLE 0018 PATIENT TYPE**

Value	Description
B	BLIND REHAB
D	DOMICILIARY
I	INTERMEDIATE MED
M	MEDICINE
NC	NON-COUNT
NE	NEUROLOGY
NH	NHCU
P	PSYCHIATRY
R	REHAB MEDICINE
S	SURGERY
SC	SPINAL CORD INJURY

**TABLE 0023 ADMIT SOURCE**

Value	Description
1D	VA NURSING HOME CARE UNIT
1E	VA DOMICILLARY
1G	CONTRACT CNH (UNDER VA AUSPICES)
1H	COMMUNITY NURSING HOME NOT UNDER VA AUSPICES
1J	GOVNT(NON FED) MENTAL HOSP NOT UNDER VA AUSPICES
1K	ALL OTHER NON VA HOSP NOT UNDER VA AUSPICES
1L	STATE HOME (DOM OR NHC)
1M	OTHER DIRECT
1P	OUTPATIENT TREATMENT
1R	RESEARCH - VETERAN
1S	RESEARCH NON-VETERAN
1T	OBSERVATION AND EXAMINATION
2A	NON-VETERAN OTHER THAN MILITARY
2B	MILITARY PERS NOT DIRECTLY FROM MILT HOSP
2C	MILITARY PERS BY TRANSFER FROM A MILT HOSP
3A	TRANSFER IN FROM ANOTHER VA HOSPITAL
3B	TRANSFER IN FROM OTH FED HOSP UNDER VA AUSP
3C	TRANS IN FROM ANY OTHER NON-VA HOSP UNDER VA AUSP
3D	TRANS FROM VAMC TO MILITARY FAC. UNDER VA AUSP
3E	TRANS FROM VAH-VAH-CONT HOS SINCE 7/1/86 OR PRIOR
4A	FROM VA HOSPITAL
4B	FROM VA HOSPITAL ON NON-BED-CARE
4C	FROM VA NURSING HOME CARE UNIT
4D	FROM ANOTHER VA DOM
4E	TRANS FROM DOM-DOM-CONT DOM SINCE 7/1/86 OR PRIOR
4F	FROM COMMUNITY HOSPITAL UNDER VA AUSPICES
4G	FROM COMMUNITY HOSPITAL NOT UNDER VA AUSPICES
4H	FROM COMMUNITY NURSING HOME UNDER VA AUSPICES
4J	FROM COMMUNITY NURSING HOME NOT UNDER VA AUSPICES
4K	FROM STATE HOME DOM
4L	FROM STATE NURSING HOME CARE
4M	FROM MILITARY HOSP
4N	FROM OTHER FEDERAL HOSP UNDER VA AUSP

**TABLE 0023 ADMIT SOURCE, cont.**

Value	Description
4P	FROM OTHER FEDERAL HOSP NOT UNDER VA AUSPICES
4Q	FROM OTHER GOV HOSP(NON FED) NOT UNDER VA AUSP
4R	OTHER GOVERNMENT HOSP(NON FED) UNDER VA AUSPICES
4S	REFERRED BY OUTPATIENT CLINIC
4T	REFERRED BY WELFARE AGENCY(LOCAL OR REGIONAL)
4U	REFERRED BY NATIONAL SERV ORGAN (LOCAL OR REG)
4W	SELF-WALKIN
4Y	ALL OTHER SOURCES, UNKNOWN OR NO INFO
5A	VA MEDICAL CENTER
5B	NON-VA HOSPITAL UNDER VA AUSPICES
5C	VA DOMICILLARY
5D	TRANS FROM NHCU-NHCU-CONT NH SINCE 7/1/86 OR PRIOR
5E	TRANSFER IN FROM ANOTHER VA NHCU
5F	TRANSFER IN FROM COMMUNITY HOME UNDER VA AUSPICES
5G	DIRECT ADMISSION FROM ALL OTHER SOURCES
6A	DIRECT ADMISSION FROM A VA HOSPITAL
6B	TRANSFER IN FROM A VA NHCU
6C	TRANS IN FROM ANOTHER CNH UNDER VA AUSPICES
6D	DIRECT ADMISSION FROM ALL OTHER SOURCES
7B	DIRECT ADM OF ACTIVE DUTY PERS FROM MILT HOSP

**TABLE 0052 DIAGNOSIS/DRG TYPE**

Value	Description
AD	ADMIT
WK	WORKING
DC	DISCHARGE
FI	FINAL

**TABLE 0112 DISCHARGE DISPOSITION**

Value	Description
1	AUTH ABSENCE 96 HOURS OR LESS
2	AUTHORIZED ABSENCE
3	UNAUTHORIZED ABSENCE
4	INTERWARD TRANSFER
5	CHECK-IN LODGER
6	CHECK-IN LODGER (OTHER FACILITY)
7	CHECK-OUT LODGER
8	AMBULATORY CARE (OPT-AC)
9	TRANSFER IN
10	TRANSFER OUT
11	NON-SERVICE CONNECTED (OPT-NSC)
12	DEATH
13	TO ASIH (VAH)

**TABLE 0112 DISCHARGE DISPOSITION, cont.**

Value	Description
14	FROM ASIH (VAH)
15	DIRECT
16	REGULAR
17	IRREGULAR
18	READMISSION TO NHC/DOMICILIARY
20	PROVIDER/SPECIALTY CHANGE
21	OPT-SC
22	FROM UNAUTHORIZED ABSENCE
23	FROM AUTH. ABSENCE OF 96 HOURS OR LESS
24	FROM AUTHORIZED ABSENCE
25	FROM AUTHORIZED TO UNAUTHORIZED ABSENCE
26	FROM UNAUTHORIZED TO AUTHORIZED ABSENCE
27	NON-BED CARE
28	NON-SERVICE CONNECTED (OPT-NSC)
29	PRE-BED CARE (OPT-PBC)
30	NON-VETERAN (OPT-NVE)
31	TO NHC FROM HOSP
32	TO DOM FROM HOSP
33	TO NHC FROM DOM
34	DISCHARGE TO CNH
35	VA NHC TO CNH
36	WAITING LIST
37	NON-VETERAN
38	DEATH WITH AUTOPSY
39	OPT-SC
40	TO ASIH
41	FROM ASIH
42	WHILE ASIH
43	TO ASIH (OTHER FACILITY)
44	RESUME ASIH IN PARENT FACILITY
45	CHANGE ASIH LOCATION (OTHER FACILITY)
46	CONTINUED ASIH (OTHER FACILITY)
47	DISCHARGE FROM NHC/DOM WHILE ASIH

**TABLE 0113 DISCHARGED TO LOCATION**

Value	Description
0	VA MEDICAL CENTER
1	MILITARY HOSPITAL
2	OTHER FEDERAL HOSPITAL
3	OTHER GOVERNMENT HOSPITAL
4	COMMUNITY HOSPITAL
5	VA NURSING HOME CARE UNIT (NHC)
7	COMMUNITY NURSING HOME
9	NURSING CARE CONT AT SAME NURSING HOME
A	NURSE CARE CONTD ANOTHER COMM NURS HOME
B	STATE HOME
C	VA DOMICILIARY

**TABLE 0113 DISCHARGED TO LOCATION, cont.**

Value	Description
D	STATE HOME
F	FOSTER HOME
G	HALFWAY HOUSE
H	BOARDING HOUSE
J	PENAL INSTITUTION
K	RESIDENTIAL HOTEL/RESIDENT (IE YMCA)
L	OTHER PLACEMENT/UNKNOWN (NOT SPECIFIED)
P	HOSPITAL BASED HOME CARE - VACO APP ONLY
R	SPINAL CORD INJURY - VACO APPROVED ONLY
T	RESPIRE CARE
U	HOSPICE CARE
X	RETURN TO COMMUNITY-INDEPENDENT

**TABLE 0079 HOSPITAL SERVICE**

Table 0079 was updated by patch DG\*5.3\*64.

The following table will be used when Patient Class equals I (for inpatient).

Value	Description	Effective Date	Active
1	ALLERGY	10/1/50	Yes
2	CARDIOLOGY	10/1/50	Yes
3	PULMONARY, TUBERCULOSIS	10/1/50	Yes
4	PULMONARY, NON-TB	10/1/50	Yes
5	GERONTOLOGY	10/1/50	Yes
6	DERMATOLOGY	10/1/50	Yes
7	ENDOCRINOLOGY	10/1/50	Yes
8	GASTROENTEROLOGY	10/1/50	Yes
9	HEMATOLOGY/ONCOLOGY	10/1/50	Yes
10	NEUROLOGY	10/1/50	Yes
11	EPILEPSY CENTER	10/1/50	Yes
12	MEDICAL ICU/CCU	10/1/50	Yes
14	METABOLIC	10/1/50	Yes
15	GENERAL(ACUTE MEDICINE)	10/1/50	Yes
16	CARDIAC - STEP DOWN UNIT	10/1/50	Yes
17	TELEMETRY	10/1/50	Yes
19	STROKE UNIT	10/1/50	Yes
20	REHABILITATION MEDICINE	10/1/50	Yes
21	BLIND REHAB	10/1/50	Yes
22	SPINAL CORD INJURY	10/1/50	Yes
25	PSYCH RESID REHAB TRMT PROG	10/1/50	Yes
26	PTSD RESIDENTIAL REHAB PROG	10/1/50	Yes
27	SUBSTANCE ABUSE RES TRMT PROG	10/1/50	Yes
28	HOMELESS CWT/TRANS RESID	10/1/50	Yes
29	SUBST ABUSE CWT/TRANS RESID	10/1/50	Yes
31	GEM ACUTE MEDICINE	10/1/50	Yes
32	GEM INTERMEDIATE CARE	10/1/50	Yes

**TABLE 0079 HOSPITAL SERVICE, cont.**

Value	Description	Effective Date	Active
33	GEM PSYCHIATRIC BEDS	10/1/50	Yes
34	GEM NEUROLOGY	10/1/50	Yes
35	GEM REHABILITATION MEDICINE	10/1/50	Yes
40	INTERMEDIATE MEDICINE	10/1/50	Yes
50	GENERAL SURGERY	10/1/50	Yes
51	GYNECOLOGY	10/1/50	Yes
52	NEUROSURGERY	10/1/50	Yes
53	OPHTHALMOLOGY	10/1/50	Yes
54	ORTHOPEDIC	10/1/50	Yes
55	OTORHINOLARYNGOLOGY	10/1/50	Yes
56	PLASTIC SURG, INC HEAD/NECK	10/1/50	Yes
57	PROCTOLOGY	10/1/50	Yes
58	THORACIC SURGERY, INC CARDIAC	10/1/50	Yes
59	UROLOGY	10/1/50	Yes
60	ORAL SURGERY	10/1/50	Yes
61	PODIATRY	10/1/50	Yes
62	PERIPHERAL VASCULAR	10/1/50	Yes
63	SURGICAL ICU	10/1/50	Yes
70	ACUTE PSYCHIATRY (<45 DAYS)	10/1/50	Yes
		10/1/95	No
71	LONG TERM PSYCHIATRY (>45 DAYS)	10/1/50	Yes
		10/1/95	No
72	ALCOHOL DEPENDENCE TRMT UNIT	10/1/50	Yes
73	DRUG DEPENDENCE TRMT UNIT	10/1/50	Yes
74	SUBSTANCE ABUSE TRMT UNIT	10/1/50	Yes
75	HALFWAY HOUSE	10/1/50	Yes
76	PSYCHIATRIC MENTALLY INFIRM	10/1/50	Yes
77	PRRTP	10/1/50	Yes
		10/1/95	No
79	SIPU (SPEC INPT PTSD UNIT)	10/1/50	Yes
80	NHCU	10/1/50	Yes
81	GEM NURSING HOME	10/1/50	Yes
83	RESPITE CARE	10/1/50	Yes
84	SUBSTANCE ABUSE INTERMED CARE	10/1/50	Yes
85	DOMICILIARY	10/1/50	Yes
86	DOMICILIARY SUBSTANCE ABUSE	10/1/50	Yes
87	GEM DOMICILIARY	10/1/50	Yes
88	DOMICILIARY PTSD	10/1/50	Yes
89	STAR I, II & III	10/1/50	Yes
90	SUBST ABUSE STAR I, II & III	10/1/50	Yes
91	EVAL/BRF TRMT PTSD UNIT (EBPTU)	10/1/50	Yes
92	GEN INTERMEDIATE PSYCH	10/1/50	Yes
93	HIGH INTENSITY GEN PSYCH INPAT	10/1/50	Yes
98	NON-DOD BEDS IN VA FACILITY	10/1/50	Yes
99	DOD BEDS IN VA FACILITY	10/1/50	Yes

**TABLE 0079 HOSPITAL SERVICE, cont.**

The following table will be used when Patient Class equals O (for outpatient).

Value	Description	Inactive Date
101	EMERGENCY UNIT	
102	ADMITTING/SCREENING	
103	TELEPHONE TRIAGE	
104	PULMONARY FUNCTION	
105	X-RAY	
106	EEG	
107	EKG	
108	LABORATORY	
109	NUCLEAR MEDICINE	
110	CARDIOVASCULAR NUCLEAR MED	
111	ONCOLOGICAL NUCLEAR MED	
112	INFECTIOUS DISEASE NUCLEAR MED	
113	RADIONUCLIDE TREATMENT	
114	SING PHOTON EMISS TOMOGRAPHY	
115	ULTRASOUND	
117	NURSING	
118	HOME TREATMENT SERVICES	
119	COMM NURSING HOME FOLLOW-UP	
120	HEALTH SCREENING	
121	RESID CARE PROGRAM FOLLOW-UP	
122	PUBLIC HEALTH NURSING	
123	NUTRITION/DIETETICS - INDIVIDUAL	
124	NUTRITION/DIETETICS - GROUP	
125	SOCIAL WORK SERVICE	
126	EVOKED POTENTIAL	
127	TOPOGRAPHICAL BRAIN MONITORING	
128	PROLONGED VIDEO-EEG MONITORING	
129	HYPERTENSION SCREENING	Oct 1, 1991
130	CHOLESTEROL SCREENING	Oct 1, 1991
131	BREAST CANCER SCREENING	Oct 1, 1991
132	MAMMOGRAM	Oct 1, 1991
133	CERVICAL CANCER SCREENING	Oct 1, 1991
134	PAP TEST	Oct 1, 1991
135	COLORECTAL CANCER SCREENING	Oct 1, 1991
136	FOBT - GUIAC SCREENING	Oct 1, 1991
137	ALCOHOL COUNSELING - MED CARE	Oct 1, 1991
138	SMOKING CESSATION	Oct 1, 1991
139	WEIGHT CONTROL	Oct 1, 1991
140	PHYS FITNESS/EXERCISE COUNSEL	Oct 1, 1991
141	VET IMMUNIZATION	Oct 1, 1991
142	COLORECTAL CA SCREEN DIG EXAM	Oct 1, 1991
143	PERSIAN GULF READJUST COUNSEL	Jan 1, 1988
144	RADIONUCLIDE THERAPY	
145	PHARM/PHYSIO NMP STUDIES	
146	PET	
147	TELEPHONE/ANCILLARY	
148	TELEPHONE/DIAGNOSTIC	

**TABLE 0079 HOSPITAL SERVICE, cont.**

Value	Description	Inactive Date
149	RADIATION THERAPY TREATMENT	
150	COMPUTERIZED TOMOGRAPHY (CT)	
151	MAGNETIC RESONANCE IMAGING/MRI	
152	ANGIOGRAM CATHETERIZATION	
153	INTERVENTIONAL RADIOGRAPHY	
160	CLINICAL PHARMACY	
165	BEREAVEMENT COUNSELING	
166	CHAPLAIN SERVICE - INDIVIDUAL	
167	CHAPLAIN SERVICE - GROUP	
168	CHAPLAIN SERVICE - COLLATERAL	
169	TELEPHONE/CHAPLAIN	
170	HBHC - PHYSICIAN	
171	HBHC - RN/RNP/PA	
172	HBHC - NURSE EXTENDER	
173	HBHC - SOCIAL WORKER	
174	HBHC - THERAPIST	
175	HBHC - DIETITIAN	
176	HBHC - CLINICAL PHARMACIST	
177	HBHC - OTHER	
178	HBHC/TELEPHONE	
180	DENTAL	
181	TELEPHONE/DENTAL	
190	ADULT DAY HEALTH CARE	
201	PHYSICAL MED & REHAB SVC	
202	RECREATION THERAPY SERVICE	
203	AUDIOLOGY	
204	SPEECH PATHOLOGY	
205	PHYSICAL THERAPY	
206	OCCUPATIONAL THERAPY	
207	PM&RS INCENTIVE THERAPY	
208	PM&RS COMPENSATED WORK THERAPY	
209	VIST COORDINATOR	
210	SPINAL CORD INJURY	
211	AMPUTATION FOLLOW-UP CLINIC	
212	EMG	
213	PM&RS VOCATIONAL ASSISTANCE	
214	KINESIOTHERAPY	
215	SCI HOME CARE PROGRAM	
216	TELEPHONE/REHAB AND SUPPORT	
301	GENERAL INTERNAL MEDICINE	
302	ALLERGY IMMUNOLOGY	
303	CARDIOLOGY	
304	DERMATOLOGY	
305	ENDO./METAB(EXCEPT DIABETES)	
306	DIABETES	
307	GASTROENTEROLOGY	
308	HEMATOLOGY	
309	HYPERTENSION	
310	INFECTIOUS DISEASE	

**TABLE 0079 HOSPITAL SERVICE, cont.**

Value	Description	Inactive Date
311	PACEMAKER	
312	PUL./CHEST	
313	RENAL/NEPHROL (EXCEPT DIALYSIS)	
314	RHEUMATOLOGY/ARTHRITIS	
315	NEUROLOGY	
316	ONCOLOGY/TUMOR	
317	COUMADIN CLINIC	
318	GERIATRIC CLINIC	
319	GERIATRIC EVAL. & MGMT. (GEM)	
320	ALZHEIMER'S/DEMENTIA CLINIC	
321	GI ENDOCSCOPY	
322	WOMEN'S CLINIC	
323	PRIMARY CARE/MEDICINE	
324	TELEPHONE/MEDICINE	
325	TELEPHONE/NEUROLOGY	
326	TELEPHONE/GERIATRICS	
327	MED PHY PRFMG INVASIVE OR PROC	
328	MEDICAL DAY UNIT MSDU	
329	AMBULATORY CARE PROCEDURE UNIT	
330	CHEMOTHERAPY PROC. UNIT-MED.	
331	PRE-BED CARE MD (MEDICINE)	
332	PRE-BED CARE RN (MEDICINE)	
401	GENERAL SURGERY	
402	CARDIAC SURGERY	
403	ENT	
404	GYNECOLOGY	
405	HAND SURGERY	
406	NEUROSURGERY	
407	OPHTHALMOLOGY	
408	OPTOMETRY	
409	ORTHOPEDICS	
410	PLASTIC SURGERY	
411	PODIATRY	
412	PROCTOLOGY	
413	THORACIC SURGERY	
414	UROLOGY	
415	VASCULAR SURGERY	
416	AMBULATORY SURGERY OFFICE	
417	PROSTHETICS/ORTHOTICS	
418	AMPUTATION CLINIC	
419	ANESTHESIA PRE-OP CONSULT	
420	PAIN CLINIC	
421	VASCULAR LABORATORY	
422	CAST CLINIC	
423	PROSTHETIC SERVICES	
424	TELEPHONE/SURGERY	
425	TELEPHONE/PROSTHETICS/ORTHOTIC	
426	WOMEN SURGERY	
427	PRIMARY CARE/SURGERY	

**TABLE 0079 HOSPITAL SERVICE, cont.**

Value	Description	Inactive Date
428	TELEPHONE/OPTOMETRY	
429	AMB. CARE OR SURG. OP SURG. RM	
430	CYSTO ROOM UNIT FOR OUTPATIENT	
431	CHEMOTHERAPY PROC. UNIT-SURG.	
432	PRE-BED CARE MD (SURGERY)	
433	PRE-BED CARE RN (SURGERY)	
501	HOMELESS MENTALLY ILL OUTREACH	Oct 1, 1994
502	MENTAL HYGIENE - INDIVIDUAL	
503	RESIDENTIAL CARE - INDIVIDUAL	
504	IPCC MEDICAL CENTER VISIT	
505	DAY TREATMENT - INDIVIDUAL	
506	DAY HOSPITAL - INDIVIDUAL	
507	DRUG DEPENDENCE - INDIVIDUAL	
508	ALCOHOL TREATMENT - INDIVIDUAL	
509	PSYCHIATRY - INDIVIDUAL	
510	PSYCHOLOGY - INDIVIDUAL	
511	NEUROBEHAVIORAL - INDIVIDUAL	Oct 1, 1993
513	SUBSTANCE ABUSE - INDIVIDUAL	
514	SUBSTANCE ABUSE - HOME VISIT	
515	CWT/TR-HCMI	
516	PTSD - GROUP	
517	CWT SUBSTANCE ABUSE	
518	CWT/TR - SUBSTANCE ABUSE	
519	SUBSTANCE USE DISORDER (SUPS)	Aug 30, 1991
520	LONG-TERM ENHANCEMENT, INDIVID	
521	LONG-TERM ENHANCEMENT, GROUP	
522	HUD/VASH	Oct 1, 1991
523	METHADONE MAINTENANCE	
524	SEXUAL TRAUMA COUNSELING	
525	WOMEN'S STRESS DISORDER TEAMS	
526	TELEPHONE/SPECIAL PSYCHIATRY	
527	TELEPHONE/GENERAL PSYCHIATRY	
528	TELE/HOMELESS MENTALLY ILL	
529	HCHV/HMI	
530	TELEPHONE/HUD-VASH	
531	PRIMARY CARE/GENERAL PSY	
540	PCT POST-TRAUMATIC STRESS	Jan 1, 1987
541	PTSD POST-TRAUMATIC STRESS	Jan 1, 1991
542	TELEPHONE/PTSD	
543	TELEPHONE/ALCOHOL DEPENDENCE	Oct 1, 1994
544	TELEPHONE/DRUG DEPENDENCE	Oct 1, 1994
545	TELEPHONE/SUBSTANCE ABUSE	
546	TELEPHONE/IPCC	
550	MENTAL HEALTH CLINIC - GROUP	
551	IPCC COMM CLN/DAY PROGRAM VST	
552	IPCC COMMUNITY VISIT	
553	DAY TREATMENT - GROUP	
554	DAY HOSPITAL - GROUP	
555	DRUG DEPENDENCE - GROUP	

**TABLE 0079 HOSPITAL SERVICE, cont.**

Value	Description	Inactive Date
556	ALCOHOL TREATMENT - GROUP	
557	PSYCHIATRY - GROUP	
558	PSYCHOLOGY - GROUP	
559	NEUROBEHAVIORAL - GROUP	Oct 1, 1993
560	SUBSTANCE ABUSE - GROUP	
562	PTSD - INDIVIDUAL	
563	PRIMARY CARE/SPEC. PSY.	
571	READJUSTMENT COUNSELING - INDIV	Jan 31, 1994
572	READJUSTMENT COUNSELING - GROUP	Jan 31, 1994
573	INCENTIVE THERAPY	
574	COMPENSATED WORK THERAPY	
575	VOCATIONAL ASSISTANCE	
576	PSYCHOGERIATRIC-INDIVIDUAL	
577	PSYCHOGERIATRIC CLINIC-GROUP	
578	PSYCHOGERIATRIC DAY PROGRAM	
579	TELEPHONE/GERIATRIC PSYCHIATRY	
601	ACUTE HEMODIAL TREATMENT	Oct 1, 1990
602	CHRON ASSISTED HEMODIAL TREAT	
603	LIM SELF CARE HEMODIAL TREAT	
604	HOME HEMODIAL TRAINING TREAT	
605	ACUTE PERITONEAL DIAL TREAT	Oct 1, 1990
606	CHRON ASSISTED PERIT DIALYSIS	
607	LIM SELF CARE PERIT DIALYSIS	
608	HOME PERITONEAL DIAL TRAINING	
611	TELEPHONE/DIALYSIS	
701	HYPERTENSION SCREENING	
702	CHOLESTEROL SCREENING	
703	MAMMOGRAM	
704	PAP TEST	
705	FOBT - GUIAC SCREENING	
706	ALCOHOL SCREENING	
707	SMOKING CESSATION	
708	NUTRITION SCREENING	
709	PHY FIT/EXERCISE COUNSELING	
710	VET INFLUENZA IMMUNIZATION	
711	INJURY COUNSEL/SEAT BELT USAGE	
725	DOMICILIARY OUTREACH SERVICES	
726	DOM AFTERCARE - COMMUNITY	
727	DOMICILIARY AFTERCARE - VA	
728	DOM ADM SCREENING SERVICES	
729	TELEPHONE/DOMICILIARY	
900	SPECIAL SERVICES	
902	COMPUTED TOMOGRAPHY SCANS	Apr 1, 1989
903	RADIATION THERAPY	Apr 1, 1989
904	CHEMOTHERAPY	Mar 1, 1989
905	AMBULATORY SURGERY SERVICES	Apr 1, 1989
906	BLOOD/BLOOD PRODUCTS TRANS.	Apr 1, 1989
907	NUCLEAR MAGNETIC RESONANCE	Apr 1, 1989
999	EMPLOYEE HEALTH	

**TABLE VA04 ELIGIBILITY CODE**

This is a DHCP defined table. The data is stored in the ELIGIBILITY CODE file (#8).

Value	Description
1	SERVICE CONNECTED 50% TO 100%
2	AID & ATTENDANCE
3	SC LESS THAN 50%
4	NSC, VA PENSION
5	NSC
6	OTHER FEDERAL AGENCY
7	ALLIED VETERAN
8	HUMANITARIAN EMERGENCY
9	SHARING AGREEMENT
10	REIMBURSABLE INSURANCE
11	DOM. PATIENT
12	CHAMPVA
13	COLLATERAL OF VET.
14	EMPLOYEE
15	HOUSEBOUND
16	MEXICAN BORDER WAR
17	WORLD WAR I
18	PRISONER OF WAR

**TABLE VA10 VA ADMITTING REGULATIONS**

This is a DHCP defined table whose data is stored in the VA ADMITTING REGULATION file (#43.4).

Value	Description
1	ACTIVE PSYCHOSIS 17.33
2	ACTIVE SERVICE 17.46(b)
3	ALLIED VETERANS 17.46(b)
4	AO/IR/EC EXPOSURE 17.47(a)(5)
5	CATEGORY A INCOME VETERANS 17.47(a)(7)
6	CATEGORY C INCOME VETERANS 17.47(d)
7	CHAMPVA 17.54
8	COMMUNITY NURSING HOME CARE 17.51
9	CZECH AND POLISH VETERANS 17.55
10	DISCHARGED FOR DISABILITY 17.47(a)(2)
11	DOMICILIARY CARE 17.47(e)(1)
12	ELIGIBLE FOR STATE MEDICAID 17.48(d)(1)(i)
13	EMERGENCY FOR PUBLIC 17.46(c)(1)
14	FEE SVC FOR MB, WWI, A&A, HB 17.50b(a)(2)(iii)
15	FEE SVC FOR OPT/NSC 17.50b(a)(2)(ii)
16	FEE SVC FOR VETS 50% OR MORE 17.50b(a)(2)(i)
17	FORMER PRISONER OF WAR 17.47(a)(4)
18	HOSP/NH IN PHILLIPINES (NON VA) 17.38
19	IN RECEIPT OF VA PENSION 17.47(a)(7)
20	INELIGIBLE/PRESUMED DISCHARGE 17.46(c)(2)
21	NON-VA (AK, HA, VI, TERR) 17.50b(a)(6)
22	NON-VA (DISABILITY DISCHARGED) 17.50b(a)(1)(ii)

**TABLE VA10 VA ADMITTING REGULATIONS, cont.**

Value	Description
23	NON-VA (P&T DISABILITY) 17.50b(a)(1)(iii)
24	NON-VA EMERGENCY (WHILE IN VA) 17.50b(a)(3)
25	NON-VA FOR ADJUNCT CONDITION 17.50b(a)(1)(iv)
26	NON-VA FOR FEMALE VETERANS 17.50b(a)(4)
27	NON-VA FOR SC DISABILITY 17.50b (a)(1)(i)
28	NON-VA FOR VOCATIONAL REHAB 17.50b(a)(1)(v)
29	NON-VA/UNAUTH FOR SC COND 17.80(a)(1)
30	NON-VA EMERG DURING AUTH TRAVEL 17.50b(a)(8)
31	NON-VA INDEP VA OPT CLINICS 17.50b(a)(9)
32	NON-VA/UNAUTH (ADJUNCT COND) 17.80(a)(2)
33	NON-VA/UNAUTH (P&T DISABILITY) 17.80(a)(3)
34	OBSERVATION & EXAMINATION 17.45
35	OPT DENTAL (POW>90 DAYS) 17.50(a)(7)
36	OTHER FEDERAL AGENCIES 17.46(b)
37	PRESUMPTION OF SC 17.35(b)
38	RECEIPT/ELIGIBLE 38 USC 1151 17.47(a)(3)
39	RESEARCH PATIENTS - VETERANS 17.47Z
40	RESEARCH VOLUNTEERS (NONVET) 17.46(c)
41	SAW, MB, & WWI 17.47(a)(6)
42	SC VET FOR ANY CONDITION 17.47(a)(1)
43	SHARING AGREEMENT 17.46(d)
44	STATE NH, DOM OR HOSP 17.1666d
45	VA EMPLOYEES/FAMILY 17.46(c)(3)
46	VOCATIONAL REHABILITATION 17.80 (a)(4)

#### 4. TRANSACTION SPECIFICATIONS

##### 4.1 General

The flow of transactions between the DHCP system and the RCPs may occur in two ways.

A. The DHCP system will send ADT event type HL7 messages to the RCP system whenever an admission, discharge, or transfer event occurs or when the PTF record for an inpatient episode is transmitted, and ORU observation result type HL7 messages whenever an outpatient episode is transmitted.

B. The RCP system will send a query type HL7 message to the DHCP system or the DHCP system may send a query to the RCP system. (**Note:** This functionality has not yet been implemented.)

## 4.2 Specific Transactions

### A. Admit a Patient (Event Code A01) or Cancel Admit (Event Code A11)

When a patient is admitted, an ADT Message (ADT) with event code A01 is sent from the DHCP system to the RCP system. If an admission is cancelled, an event code A11 is sent. These ADT messages would consist of the following segments.

ADT	ADT MESSAGE
BHS	Batch Header
MSH	Message Header
EVN	Event Type
PID	Patient Identification
ZEL	Patient Eligibility
NK1	Next of Kin
PV1	Patient Visit
PV2	Patient Visit - additional information
BTS	Batch Trailer

#### EXAMPLE

```
BHS^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112202359^^~D~ADT~2.1^^12345
MSH^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112202359^^ADT~A01^12345-1^P^2.1
EVN^A01^19911220100020
PID^^987654321P~1~M11^55555~5~M11^^JONES~JOHN~J^^19300101^^^^^^^^^^^^987654321
ZEL^1^2^^^^^^^^^^^^
NK1^" "
PV1^^I^15~E200~2^^^^3333~DOE~JOHN^^10^^^1D^^^^4500^^^^^^^^^^^^^^^^^^^^500 ^^
^^19911220100020
PV2^^~19~VA10~LOCAL
BTS^1
```

The RCP system would then send a General Acknowledgment (ACK) message back to the DHCP system.

#### EXAMPLE

```
BHS^~|\&^EDR-MAS^RCP^EDR-MAS^500^199112202359^^~D~ACK~2.1^AA^54321^12345
BTS^0
```

### B. Transfer (Event Code A02) or Cancel Transfer (Event Code A12)

When a patient is transferred and their location or treating specialty changes, an ADT Message with event code A02 is sent from the DHCP system to the RCP system. If a transfer is cancelled, an event code A12 is sent. These ADT messages would consist of the following segments.

## Appendix D - HL7 Interface Specifications

ADT     ADT MESSAGE

BHS     Batch Header  
MSH     Message Header  
EVN     Event Type  
PID     Patient Identification  
ZEL     Patient Eligibility  
PV1     Patient Visit  
BTS     Batch Trailer

### EXAMPLE

```
BHS^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112212359^^~D~ADT~2.1^^12346  
MSH^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112212359^^ADT~A02^12346-1^P^2.1  
EVN^A02^19911221100020  
PID^^987654321P~1~M11^55555~5~M11^^JONES~JOHN~J^^19300101^^^^^^^^^^^^987654321  
ZEL^1^2^^^^^^^^^^^^  
PV1^^I^20~W120~1^^^^^4444~JONES~SAM^^12^^^^^^^^^^^^4600^^^^^^^^^^^^^^^^^^^^500^^^^^^  
19911220100020  
BTS^1
```

The RCP system would then send a General Acknowledgment (ACK) message back to the DHCP system.

### EXAMPLE

```
BHS^~|\&^EDR-MAS^RCP^EDR-MAS^500^199112220002^^~D~ACK~2.1^AA^54322^12346  
BTS^0
```

### C. Discharge (Event A03) or Cancel Discharge (Event Code A13)

When a patient is discharged, an ADT Message with event code A03 is sent from the DHCP system to the RCP system. If a discharge is cancelled, an event code A13 is sent. These ADT messages would consist of the following segments.

ADT     ADT MESSAGE

BHS     Batch Header  
MSH     Message Header  
EVN     Event Type  
PID     Patient Identification  
ZEL     Patient Eligibility  
PV1     Patient Visit  
BTS     Batch Trailer

**EXAMPLE**

```
BHS^~|\&^EDR-MAS^500^EDR-MAS^RCP^19911222359^^~D~ADT~2.1^^12347
MSH^~|\&^EDR-MAS^500^EDR-MAS^RCP^19911222359^^ADT~A03^12347-1^P^2.1
EVN^A03^19911222100020
PID^^987654321P~1~M11^55555~5~M11^^JONES~JOHN~J^^19300101^^^^^^^^^^^^987654321
ZEL^1^2^^^^^^^^^^^^
PV1^^I^^^^^^^^^^^^^^^^^^^^4696^^^^^^^^^^^^^^^^^^^^1^^^500^^^^^19911220100020
BTS^1
```

The RCP system would then send a General Acknowledgment (ACK) message back to the DHCP system.

**EXAMPLE**

```
BHS^~|\&^EDR-MAS^RCP^EDR-MAS^500^199112230002^^~D~ACK~2.1^AA^54323^12347
BTS^0
```

**D. Update Patient Information (Event Code A08)**

When a patient's PTF record is closed out, an ADT Message with event code A08 is sent from the DHCP system to the RCP system. The ADT message would consist of the following segments.

- |            |                               |
|------------|-------------------------------|
| <b>ADT</b> | <b>ADT MESSAGE</b>            |
| <b>BHS</b> | <b>Batch Header</b>           |
| <b>MSH</b> | <b>Message Header</b>         |
| <b>EVN</b> | <b>Event Type</b>             |
| <b>PID</b> | <b>Patient Identification</b> |
| <b>ZEL</b> | <b>Patient Eligibility</b>    |
| <b>NK1</b> | <b>Next of Kin</b>            |
| <b>PV1</b> | <b>Patient Visit</b>          |
| <b>DG1</b> | <b>Diagnosis</b>              |
| <b>BTS</b> | <b>Batch Trailer</b>          |

**EXAMPLE**

```
BHS^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112232359^^~D~ADT~2.1^^12348
MSH^~|\&^EDR-MAS^500^EDR-MAS^RCP^199112232359^^ADT~A08^12348-1^P^2.1
EVN^A08^19911223100020
PID^^987654321P~1~M11^55555~5~M11^^JONES~JOHN~J^^19300101^^^^^^^^^^^^987654321
ZEL^1^2^^^^^^^^^^^^
NK1^" "
PV1^^I^20~W120~1^^^3333~DOE~JOHN^^12^^^1D^^^^^4699^^^^^^^^^^^^^^^^^^^^X^^500^^^^^
^19911220100020
DG1^0001^I9^580.89^^^FI
DG1^0002^I9^579.8^^^FI
BTS^1
```



F. Query Messages

To be defined.



# Appendix E - HL7 Interface Specification for the Transmission of Ambulatory Care Data

## 1. INTRODUCTION

This interface specification specifies the information needed for Ambulatory Care data reporting. This data exchange will be triggered by specific outpatient events that relate to workload credit in DHCP.

The basic communication protocol will be addressed, as well as the information that will be made available and how it will be obtained.

### **General**

This application will use the abstract message approach and encoding rules specified by HL7. HL7 is used for communicating data associated with various events which occur in healthcare environments.

For example, when a check out occurs in DHCP, the event will trigger an update patient information message. This message is an unsolicited transaction to all external systems interfacing with DHCP.

The formats of these messages conform to the Version 2.2 HL7 Interface Standards where applicable. HL7 custom message formats ("Z" segments) are used only when necessary.

### **Assumptions**

Assumptions have been made at the beginning of this project in order to help define the scope and meet the initial needs in interfacing with the Austin Automation Center (AAC).

### **Message Content**

The data sent in the HL7 messages will be limited to the information that can be processed by the AAC, with the exception of the PID and ZPD segments, which will be populated using the nationally supported DHCP call. The data sent will also be limited to what is available in DHCP.

In order to capture the most information, specific outpatient events will generate messages to the AAC systems. This is not intended to cover all possible outpatient events, only those events which may result in the capture of workload information and data needed to update the National Patient Care Database (NPCDB). The mode for capturing data for outpatient events was chosen to capture as much of the data as possible. (See 1.2.2 Data Capture and Transmission for further information on the mode for capturing the outpatient events.)

#### Data Capture and Transmission

When AICS, PIMS, and PCE options or calls are used to update specific outpatient encounter data in DHCP, these events and changes will be captured. Any changes made to the DHCP database in non-standard ways, such as a direct global set by an application or by MUMPS code will not be captured.

#### Background Messages

A nightly background job will be sending HL7 messages for each outpatient encounter event for the day.

#### Batch Messages

Batch messages will be used to transmit the outpatient encounter events.

#### Batch Acknowledgments

Each batch message sent will be acknowledged at the application level. The batch acknowledgment will contain acknowledgment messages only for those messages containing errors. Using this mode, it is possible that an empty batch acknowledgment will be sent. This will happen only when all messages in the batch being acknowledged were accepted.

#### VA MailMan Lower Level Protocol

HL7 V. 1.6 of the VA MailMan lower level protocol (LLP) will be used. This version of the VA MailMan LLP differs from HL7 V. 1.5 in that a blank line is placed between each segment in the message [denoting a carriage return].

## 2. HL7 CONTROL SEGMENTS

This section defines the HL7 control segments supported by DHCP. The messages are presented separately and defined by category. Segments are also described. The messages are presented in the following categories:

- Message Control
- Unsolicited Transactions from DHCP (Section 3)

### Message Definitions

From the DHCP perspective, all incoming or outgoing messages are handled or generated based on an event.

In this section, and the following sections, these elements will be defined for each message:

- The trigger events
- The message event code
- A list of segments used in the message
- A list of fields for each segment in the message

Each message is composed of segments. Segments contain logical groupings of data. Segments may be optional or repeatable. A [ ] indicates the segment is optional, the { } indicates the segment is repeatable. For each message category there will be a list of HL7 standard segments or "Z" segments used for the message.

### Segment Table Definitions

For each segment, the data elements are described in table format. The table includes the sequence number (SEQ), maximum length (LEN), data type (DT), required or optional (R/O), repeatable (RP/#), the table number (TBL #), the element name, and the DHCP description. Each segment is described in the following sections.

### Message Control Segments

This section describes the message control segments which are contained in message types described in this document. These are generic descriptions. Any time any of the segments described in this section are included in a message in this document, the DHCP descriptions and mappings will be as specified here, unless otherwise specified in that section.

MSH	Message Header
MSA	Message Acknowledgment

**MHS Message Header Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	ELEMENT NAME	DHCP DESCRIPTION
1	1	ST	R			Field Separator	Recommended value is ^ (caret)
2	4	ST	R			Encoding Characters	Recommended delimiter values: Component = ~ (tilde) Repeat =   (bar) Escape = \ (back slash) Subcomponent = & (ampersand)
3	15	ST				Sending Application	When originating from facility: <b>AMBCARE-DHCP</b> When originating from NPCDB: <b>NPCD-AAC</b>
4	20	ST				Sending Facility	When originating from facility: Station's facility number When originating from NPCDB: <b>200</b>
5	30	ST				Receiving Application	Not used
6	30	ST				Receiving Facility	Not used
7	26	TS				Date/Time Of Message	Date and time message was created
8	40	ST				Security	Not used
9	7	CM	R		0076 0003	Message Type	2 Components: Component 1: Refer to Table 0076 Component 2: Refer to Table 0003
10	20	ST	R			Message Control ID	Automatically generated by DHCP HL7 Package
11	1	ID	R		0103	Processing ID	<b>P</b> (production)
12	8	ID	R		0104	Version ID	<b>2.2</b> (Version 2.2)
13	15	NM				Sequence Number	Not used
14	180	ST				Continuation Pointer	Not used
15	2	ID			0155	Accept Acknowledgment Type	<b>NE</b> (never acknowledge)
16	2	ID			0155	Application Acknowledgment Type	<b>AL</b> (always acknowledge)
17	2	ID				Country Code	Not used

**BHS Batch Header Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	ELEMENT NAME	DHCP DESCRIPTION
1	1	ST	R			Batch Field Separator	Recommended value is ^ (caret)
2	4	ST	R			Batch Encoding Characters	Recommended delimiter values: Component = ~ (tilde) Repeat =   (bar) Escape = \ (back slash) Subcomponent = & (ampersand)
3	15	ST				Batch Sending Application	When originating from facility: <b>AMBCARE-DHCP</b> When originating from NPCDB: <b>NPCD-AAC</b>
4	20	ST				Batch Sending Facility	When originating from facility: Station's facility number When originating from NPCDB: <b>200</b>
5	15	ST				Batch Receiving Application	When originating from facility: <b>NPCD-AAC</b> When originating from NPCDB: <b>AMBCARE-DHCP</b>
6	20	ST				Batch Receiving Facility	When originating from facility: <b>200</b> When originating from NPCDB: Station's facility number
7	26	TS				Batch Creation Date/Time	Date and time batch message was created
8	40	ST				Batch Security	Not used
9	20	ST				Batch Name/ID/Type	4 Components <sup>4</sup> : Component 1: Not used Component 2: <b>P</b> Component 3: <b>ADT   Z00</b> Component 4: <b>2.2</b>
10	80	ST				Batch Comment	2 Components <sup>5</sup> : Component 1: Refer to Table 0008 Component 2: Text Message
11	20	ST				Batch Control ID	Automatically generated by DHCP HL7 Package
12	20	ST				Reference Batch Control ID	Batch Control ID of batch message being acknowledged

<sup>4</sup> The DHCP HL7 package has placed special meaning on this field.

<sup>5</sup> The DHCP HL7 package has placed special meaning on this field. Note that this field is only used with batch acknowledgments.

**BTS Batch Trailer Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	ELEMENT NAME	DHCP DESCRIPTION
1	10	ST			0093	Batch Message Count	Number of messages within batch
2	80	ST			0094	Batch Comment	Not used
3	100	CM		Y	0095	Batch Totals	Not used

**MSA Message Acknowledgment Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	ELEMENT NAME	DHCP DESCRIPTION
1	2	ID	R		0008	Acknowledgment Code	<i>Refer to Table 0008</i>
2	20	ST	R			Message Control ID	Message Control ID of message being acknowledged
3	80	ST			NPCD 001	Text Message	Repetitive list of error codes denoting why the message was rejected <sup>6</sup>
4	15	NM				Expected Sequence Number	Not used
5	1	ID			0102	Delayed Acknowledgment Type	Not used
6	100	CE				Error Condition	Not used

**EVN Event Type Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	ELEMENT NAME	DHCP DESCRIPTION
1	3	ID	R		0003	Event Type Code	<i>Refer to Table 0003</i>
2	26	TS	R			Date/Time of Event	Date/Time Event Occurred
3	26	TS				Date/Time Planned Event	Not used
4	3	ID			0062	Event Reason Code	Not used
5	60	CN			0188	Operator ID	Not used

---

<sup>6</sup> Special meaning placed on this field to support multiple rejection reasons by the National Patient Care Database (NPCDB).

**PID Patient Identification Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	ELEMENT NAME	DHCP DESCRIPTION
1	4	SI				Set ID - Patient ID	Sequential Number
2	17 <sup>7</sup>	CK				Patient ID (External ID)	Primary Long ID
3	21 <sup>8</sup>	CM	R	Y		Patient ID (Internal ID)	Pointer to entry in PATIENT file
4	12	ST				Alternate Patient ID	Primary Short ID
5	48	PN	R			Patient Name	Name
6	30	ST				Mother's Maiden Name	Mother's maiden name
7	26	TS				Date of Birth	Date of birth
8	1	ID			0001	Sex	Refer to Table 0001
9	48	PN		Y		Patient Alias	Alias
10	1	ID			VA07	Race	Race
11	106	AD		Y		Patient Address	Address
12	4	ID				County Code	VA County Code
13	40	TN		Y		Phone Number - Home	Phone number (residence)
14	40	TN		Y		Phone Number - Business	Phone number (work)
15	25	ST				Language - Patient	Not used
16	1	ID			0002	Marital Status	Refer to Table 0002
17	3	ID			VA08	Religion	Religion
18	20	CK				Patient Account Number	Not used
19	16	ST				SSN Number - Patient	Social security number and pseudo indicator
20	25	CM				Driver's Lic Num - Patient	Not used
21	20	CK				Mother's Identifier	Not used
22	1	ID			0189	Ethnic Group	Not used
23	25	ST				Birth Place	Not used
24	2	ID				Multiple Birth Indicator	Not used
25	2	NM				Birth Order	Not used
26	3	ID		Y	0171	Citizenship	Not used
27	60	CE			0172	Veterans Military Status	Not used

**ZPD VA-Specific Patient Information Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	DHCP ELEMENT NAME
1	4	SI	R			SET ID - PATIENT ID
2	60	ST				REMARKS
3	20	ST				PLACE OF BIRTH CITY
4	2	ST				PLACE OF BIRTH STATE
5	2	ID			VA02	CURRENT MEANS TEST STATUS
6	35	ST				FATHER'S NAME
7	35	ST				MOTHER'S NAME
8	1	ID			VA01	RATED INCOMPETENT
9	19	TS				DATE OF DEATH
10	48	PN				COLLATERAL SPONSOR
11	1	ID			VA01	ACTIVE HEALTH INSURANCE?
12	1	ID			VA01	COVERED BY MEDICAID?
13	19	TS				DATE MEDICAID LAST ASKED
14	1	ID			VA07	RACE <sup>9</sup>
15	3	ID			VA08	RELIGION <sup>10</sup>
16	1	ID			VA01	HOMELESS INDICATOR
17	1	ID				POW STATUS INDICATED?
18	2	ID			VA12	TYPE OF INSURANCE

<sup>7</sup> According to the HL7 standard, the maximum length of this element is 16.

<sup>8</sup> According to the HL7 standard, the maximum length of this element is 20.

<sup>9</sup> This element is also found in the Patient Identification (PID) segment.

<sup>10</sup> This element is also found in the Patient Identification (PID) segment.

**PV1 Patient Visit Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	ELEMENT NAME	DHCP DESCRIPTION
1	4	SI				Set ID - Patient Visit	Sequential Number
2	1	ID	R		0004	Patient Class	This will always be <b>O</b> (outpatient)
3	12	CM				Assigned Patient Location	Not used
4	4	ID			0007	Admission Type	Refer to Table SD009 (Purpose of Visit)
5	20	ST				Preadmit Number	Not used
6	12	CM				Prior Patient Location	Not used
7	60	CN			0010	Attending Doctor	Not used
8	60	CN			0010	Referring Doctor	Not used
9	60	CN		Y	0010	Consulting Doctor	Not used
10	3	ID			0069	Hospital Service	Not used
11	12	CM				Temporary Location	Not used
12	2	ID			0087	Preadmit Test Indicator	Not used
13	2	ID			0092	Readmission Indicator	Not used
14	3	ID			0023	Admit Source	Refer to Table 0023 (Location of Visit)
15	2	ID		Y	0009	Ambulatory Status	Not used
16	2	ID			0099	VIP Indicator	Not used
17	60	CN			0010	Admitting Doctor	Not used
18	2	ID			0018	Patient Type	Not used
19	15	NM				Visit Number	Pointer to entry in OUTPATIENT ENCOUNTER file (#409.68)
20	50	CM		Y	0064	Financial Class	Not used
21	2	ID			0032	Charge Price Indicator	Not used
22	2	ID			0045	Courtesy Code	Not used
23	2	ID			0046	Credit Rating	Not used
24	2	ID		Y	0044	Contract Code	Not used
25	8	DT		Y		Contract Effective Date	Not used
26	12	NM		Y		Contract Amount	Not used
27	3	NM		Y		Contract Period	Not used
28	2	ID			0073	Interest Code	Not used
29	1	ID			0110	Transfer to Bad Debt Code	Not used
30	8	DT				Transfer to Bad Debt Date	Not used
31	10	ID			0021	Bad Debt Agency Code	Not used
32	12	NM				Bad Debt Transfer Amount	Not used
33	12	NM				Bad Debt Recovery Amount	Not used
34	1	ID			0111	Delete Account Indicator	Not used
35	8	DT				Delete Account Date	Not used
36	3	ID			0112	Discharge Disposition	Not used
37	25	CM			0113	Discharged to Location	Not used
38	2	ID			0114	Diet Type	Not used
39	7 <sup>11</sup>	ID			0115	Servicing Facility	Facility number and suffix
40	1	ID			0116	Bed Status	Not used
41	2	ID			0117	Account Status	Not used
42	12	CM				Pending Location	Not used
43	12	CM				Prior Temporary Location	Not used
44	26	TS				Admit Date/Time	Date/time of encounter
45	26	TS				Discharge Date/Time	Not used
46	12	NM				Current Patient Balance	Not used
47	12	NM				Total Charges	Not used
48	12	NM				Total Adjustments	Not used
49	12	NM				Total Payments	Not used
50	20	CM				Alternate Visit ID	Unique Identifier (PCE)

<sup>11</sup> According to the HL7 standard, the maximum length of this element is 2.

**DG1 Diagnosis Information Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	ELEMENT NAME	DHCP DESCRIPTION
1	4	SI	R			Set ID - Diagnosis	Sequential Number
2	2	ID	R		0053	Diagnosis Coding Method	This will always be <b>I9</b> (ICD9-CM)
3	8	ID			0051	Diagnosis Code	Diagnosis code from Outpatient Diagnosis (and ICD Diagnosis) files <i>Refer to Table 0051 for sample listing of possible values</i>
4	40	ST				Diagnosis Description	Corresponding diagnosis description from ICD Diagnosis file <i>Refer to Table 0051 for sample listing of possible values</i>
5	26	TS				Diagnosis Date/Time	Date/time of encounter
6	2	ID			0052	Diagnosis Type	Not used
7	60	CE			0118	Major Diagnostic Category	Not used
8	4	ID			0055	Diagnostic Related Group	Not used
9	2	ID				DRG Approval Indicator	Not used
10	2	ID			0056	DRG Grouper Review Code	Not used
11	60	CE			0083	Outlier Type	Not used
12	3	NM				Outlier Days	Not used
13	12	NM				Outlier Cost	Not used
14	4	ST				Grouper Version And Type	Not used
15	2	NM				Diagnosis Priority	Will contain 1 if this is the primary diagnosis for the episode
16	60	CN				Diagnosing Clinician	Not used

**PR1 Procedure Information Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	ELEMENT NAME	DHCP DESCRIPTION
1	4	SI	R			Set ID - Procedure	Sequential Number
2	2	ID	R		0089	Procedure Coding Method	This will always be <b>C4</b> (CPT-4)
3	10	ID	R		0088	Procedure Code	Procedure code from Ambulatory Procedure file (#409.71) <i>Refer to Table 0088 for sample listing of possible values</i>
4	40	ST				Procedure Description	Corresponding procedure description from CPT file (#81) <i>Refer to Table 0088 for sample listing of possible values</i>
5	26	TS				Procedure Date/Time	Not used
6	2	ID			0090	Procedure Type	Not used
7	4	NM				Procedure Minutes	Not used
8	60	CN				Anesthesiologist	Not used
9	2	ID			0019	Anesthesia Code	Not used
10	4	NM				Anesthesia Minutes	Not used
11	60	CN				Surgeon	Not used
12	60	CM		Y	0010 0133	Procedure Practitioner	Provider occupation code <sup>12</sup> Component 1: Not used Component 2: Not used Component 3: Not used Component 4: Not used Component 5: Not used Component 6: Not used Component 7: Not used Component 8: Not used Component 9: <i>Refer to Table 0133</i>
13	2	ID			0059	Consent Code	Not used
14	2	NM				Procedure Priority	Not used

<sup>12</sup> Linking of providers to specific procedures is not currently possible. Because of this limitation, every procedure for the encounter will contain every provider associated with the encounter.

**ZEL VA-Specific Patient Eligibility Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	DHCP ELEMENT NAME
1	4	SI	R			SET ID
2	2	ID			VA04	ELIGIBILITY CODE
3	16	CK				LONG ID
4	12	ST				SHORT ID
5	1	ID			VA05	DISABILITY RETIREMENT FROM MIL.
6	8	NM				CLAIM FOLDER NUMBER
7	40	ST				CLAIM FOLDER LOCATION
8	1	ID			VA01	VETERAN?
9	30	ST				TYPE OF PATIENT
10	1	ID			VA06	ELIGIBILITY STATUS
11	8	DT				ELIGIBILITY STATUS DATE
12	8	DT				ELIGIBILITY INTERIM RESPONSE
13	50	ST				ELIGIBILITY VERIFICATION METHOD

**ZIR VA-Specific Income Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	DHCP ELEMENT NAME
1	4	SI	R			SET ID
2	1	ID			VA01	MARRIED LAST CALENDAR YEAR
3	1	ID			VA01	LIVED WITH PATIENT
4	8	NM				AMOUNT CONTRIBUTED TO SPOUSE
5	1	ID			VA01	DEPENDENT CHILDREN
6	1	ID			VA01	INCAPABLE OF SELF-SUPPORT
7	1	ID			VA01	CONTRIBUTED TO SUPPORT
8	1	ID			VA01	CHILD HAD INCOME
9	1	ID			VA01	INCOME AVAILABLE TO YOU
10	2	NM				NUMBER OF DEPENDENT CHILDREN
11	2	ST				NUMBER OF DEPENDENTS
12	10	NM				PATIENT INCOME
13	2	ID			VA10	MEANS TEST INDICATOR

**ZCL VA-Specific Outpatient Classification Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	DHCP ELEMENT NAME
1	4	SI	R			SET ID
2	2	ID	R		SD008	OUTPATIENT CLASSIFICATION TYPE
3	50	ST				VALUE

**ZSC VA-Specific Stop Code Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	DHCP ELEMENT NAME
1	4	SI	R			SEQUENTIAL NUMBER
2	4	ID	R		SD001	STOP CODE
3	30	ST			SD001	NAME
4	1	NM				COST DISTRIBUTION CENTER
5	1	ID				CURRENT EXEMPT. FR CLASSIFICATION

**ZSP VA-Specific Service Period Segment**

SEQ	LEN	DT	R/O	RP/#	TBL#	DHCP ELEMENT NAME
1	4	SI	R			SET ID
2	1	ID	R		VA01	SERVICE CONNECTED?
3	3	NM				SERVICE CONNECTED PERCENTAGE
4	2	ID			VA11	PERIOD OF SERVICE
5	1	ST				VIETNAM SERVICE INDICATED?

**3. PURPOSE**

This section defines the HL7 message transactions that are necessary to support the outpatient database interface for the Austin Automation Center (AAC). These messages will use the generic HL7 format, so that they can be expanded later to support new interfaces at other facilities.

**Trigger Events and Message Definitions**

Each triggering event is listed below, along with the applicable form of the message to be exchanged. The notation used to describe the sequence, optionally, and repetition of segments is described in the HL7 Final Standard Manual, Chapter 2, Section 2.4.8, Chapter Formats for Defining Abstract Messages, and in summary form, in section 2.1 of this document.

**Update Patient Information (A08)**

The Outpatient Event Driver will be triggered under the following circumstances:

- When an outpatient appointment is checked out
- When a checked out outpatient appointment is edited
- When stop codes for an outpatient appointment are added or edited
- When an occasion of service is created

Taking advantage of the outpatient event driver, this will trigger an A08 message to be sent. The receiving system will replace any data that exists with the “new” data that is transmitted with this message.

<b>ADT</b>	<b>ADT Message</b>	<b>Section Number</b>
MSH	Message Header	2.3.1
EVN	Event Type	2.3.5
PID	Patient Identification	2.3.6
ZPD	VA-Specific Patient Information	2.3.7
PV1	Patient Visit	2.3.8
[ { DG1 } ]	Diagnosis Information	2.3.9
{ PR1 }	Procedure Information	2.3.10
ZEL	VA-Specific Eligibility Information	2.3.11
ZIR	VA-Specific Income	2.3.12
{ZCL}	VA-Specific Outpatient Classification	2.3.13
{ZSC}	VA-Specific Stop Code	2.3.14
ZSP	VA-Specific Service Period	2.3.15

<b>ACK</b>	<b>General Acknowledgment Message</b>	<b>Section Number</b>
MSH	Message Header	2.3.1
MSA	Message Acknowledgment	2.3.4

### Delete a Patient Record (A23)

When a check out is deleted, this message instructs the receiver to delete the information for this patient’s visit.

<b>ADT</b>	<b>ADT Message</b>	<b>Section Number</b>
MSH	Message Header	2.3.1
EVN	Event Type	2.3.5
PID	Patient Identification	2.3.6
ZPD	VA-Specific Patient Information	2.3.7
PV1	Patient Visit	2.3.8

<b>ACK</b>	<b>General Acknowledgment Message</b>	<b>Section Number</b>
MSH	Message Header	2.3.1
MSA	Message Acknowledgment	2.3.4

**4. SUPPORTED AND USER-DEFINED HL7 TABLES**

**Table 0001 - Sex**

VALUE	DESCRIPTION
F	FEMALE
M	MALE
O	OTHER
U	UNKNOWN

**Table 0002 - Marital Status**

VALUE	DESCRIPTION
A	SEPARATED
D	DIVORCED
M	MARRIED
S	SINGLE
W	WIDOWED

**Table 0003 - Event Type Code**

VALUE	DESCRIPTION
A08	UPDATE PATIENT INFORMATION
A23	DELETE PATIENT RECORD

**Table 0008 - Acknowledgment Code**

VALUE	DESCRIPTION
AA	APPLICATION ACKNOWLEDGMENT: ACCEPT
AE	APPLICATION ACKNOWLEDGMENT: ERROR
AR	APPLICATION ACKNOWLEDGMENT: REJECT
CA	ACCEPT ACKNOWLEDGMENT: COMMIT ACCEPT
CE	ACCEPT ACKNOWLEDGMENT: COMMIT ERROR
CR	ACCEPT ACKNOWLEDGMENT: COMMIT REJECT

**Table 0023 - Admit Source (user defined)**

Used for Location of Visit  
Sample listing of possible values

VALUE	DESCRIPTION
1	THIS FACILITY
6	OTHER FACILITY

**Table 0051 - Diagnosis Code (user defined)**

Use ICD Diagnosis (#80) file, Code Number (.01) for value and Diagnosis (3) for Description

Sample listing of possible values

VALUE	DESCRIPTION
253.2	PANHYPOPITUITARISM
253.3	PITUITARY DWARFISM
253.4	ANTER PITUITARY DIS NEC
253.5	DIABETES INSIPIDUS
253.6	NEUROHYPOPHYSIS DIS NEC
253.7	IATROGENIC PITUITARY DIS
253.8	DISEASES OF THYMUS NEC
253.9	PITUITARY DISORDER NOS
254.1	ABSCCESS OF THYMUS
254.8	DISEASES OF THYMUS NEC
254.9	DISEASE OF THYMUS NOS
255.1	HYPERALDOSTERONISM
255.2	ADRENOGENITAL DISORDERS

**Table 0069 - Hospital Service (user defined)**

Use Specialty file (#42.4), PTF Code (.001)

Sample listing of possible values

VALUE	DESCRIPTION
2	CARDIOLOGY
6	DERMATOLOGY
7	ENDOCRINOLOGY
8	GEM ACUTE MEDICINE
12	CORONARY CARE UNIT
12	EMERGENCY MEDICINE
15	GENERAL MEDICINE
21	BLIND REHAB
31	GEM INTERMEDIATE CARE
55	EVAL/BRF TRMT PTSD
72	ALCOHOL
85	DOM
88	DOMICILIARY PTSD
91	GASTROENTEROLOGY
92	GEN INTERMEDIATE PSYCH

**Table 0076 - Message Type**

VALUE	DESCRIPTION
ADT	ADT MESSAGE
ACK	GENERAL ACKNOWLEDGMENT

**Table 0088 - Procedure Code (user defined)**

Sample listing of possible values

VALUE	DESCRIPTION
10141	INCISION AND DRAINAGE OF HEMATOMA; COMPLICATED

**Table 0115 - Servicing Facility (user defined)**  
Sample listing of possible values

VALUE	DESCRIPTION
512 9AC	Perry Point (Nursing Home)

**Table 0133 - Procedure Practitioner Type (user defined)**  
Sample listing of possible values

VALUE	OCCUPATION	SPECIALTY	SUBSPECIALTY
V110000	Physicians (M.D.) and Osteopaths (D.O.)		
V110100	Physicians (M.D.) and Osteopaths (D.O.)	Addiction Medicine	
V110300	Physicians (M.D.) and Osteopaths (D.O.)	Allergy and Immunology	
V110301	Physicians (M.D.) and Osteopaths (D.O.)	Allergy and Immunology	Clinical and Laboratory
V110200	Physicians (M.D.) and Osteopaths (D.O.)	Allergy	
V110400	Physicians (M.D.) and Osteopaths (D.O.)	Anesthesiology	
V110401	Physicians (M.D.) and Osteopaths (D.O.)	Anesthesiology	Critical Care
V110402	Physicians (M.D.) and Osteopaths (D.O.)	Anesthesiology	Pain Management

**Table SD001 - Service Indicator (Stop Code)**  
Sample listing of possible values

VALUE	DESCRIPTION
104	PULMONARY FUNCTION
105	X-RAY
106	EEG
107	EKG
108	LABORATORY
109	NUCLEAR MEDICINE
110	CARDIOVASCULAR NUCLEAR MED
111	ONCOLOGICAL NUCLEAR MED
112	INFECTIOUS DISEASE NUCLEAR MED
113	RADIONUCLIDE TREATMENT
114	SING PHOTON EMISS TOMOGRAPHY
115	ULTRASOUND
117	NURSING
118	HOME TREATMENT SERVICES
119	COMM NURSING HOME FOLLOW-UP

**Table SD008 - Outpatient Classification Type**

VALUE	DESCRIPTION
1	AGENT ORANGE
2	IONIZING RADIATION
3	SERVICE CONNECTED
4	ENVIRONMENTAL CONTAMINANTS

**Table SD009 - Purpose of Visit**

Value denotes a combination of Purpose of Visit & Appointment Type

VALUE	PURPOSE OF VISIT	APPOINTMENT TYPE
0101	C&P	COMPENSATION & PENSION
0102	C&P	ORGAN DONORS
0103	C&P	CLASS II DENTAL
0104	C&P	EMPLOYEE
0105	C&P	PRIMA FACIA
0106	C&P	RESEARCH
0107	C&P	COLLATERAL OF VET.
0108	C&P	SHARING AGREEMENT
0109	C&P	REGULAR
0201	10-10	COMPENSATION & PENSION
0202	10-10	ORGAN DONORS
0203	10-10	CLASS II DENTAL
0204	10-10	EMPLOYEE
0205	10-10	PRIMA FACIA
0206	10-10	RESEARCH
0207	10-10	COLLATERAL OF VET.
0208	10-10	SHARING AGREEMENT
0209	10-10	REGULAR
0301	SCHEDULED VISIT	COMPENSATION & PENSION
0302	SCHEDULED VISIT	ORGAN DONORS
0303	SCHEDULED VISIT	CLASS II DENTAL
0304	SCHEDULED VISIT	EMPLOYEE
0305	SCHEDULED VISIT	PRIMA FACIA
0306	SCHEDULED VISIT	RESEARCH
0307	SCHEDULED VISIT	COLLATERAL OF VET.
0308	SCHEDULED VISIT	SHARING AGREEMENT
0309	SCHEDULED VISIT	REGULAR
0401	UNSCHED. VISIT	COMPENSATION & PENSION
0402	UNSCHED. VISIT	ORGAN DONORS
0403	UNSCHED. VISIT	CLASS II DENTAL
0404	UNSCHED. VISIT	EMPLOYEE
0405	UNSCHED. VISIT	PRIMA FACIA
0406	UNSCHED. VISIT	RESEARCH
0407	UNSCHED. VISIT	COLLATERAL OF VET.
0408	UNSCHED. VISIT	SHARING AGREEMENT
0409	UNSCHED. VISIT	REGULAR

**Table VA01 - Yes/No**

VALUE	DESCRIPTION
0	NO
1	YES

**Table VA02 - Current Means Test Status**

Type of Care (#.03) field of Means Test Status (#408.32) file

VALUE	DESCRIPTION
D	DISCRETIONARY
M	MANDATORY
N	NOT APPLICABLE

**Table VA04 - Eligibility**

Name (#.01) field of MAS Eligibility Code (#8.1) file

VALUE	DESCRIPTION
1	SERVICE CONNECTED 50% to 100%
2	AID & ATTENDANCE
3	SC LESS THAN 50%
4	NSC - VA PENSION
5	NSC
6	OTHER FEDERAL AGENCY
7	ALLIED VETERAN
8	HUMANITARIAN EMERGENCY
9	SHARING AGREEMENT
10	REIMBURSABLE INSURANCE
12	CHAMPVA
13	COLLATERAL OF VET.
14	EMPLOYEE
15	HOUSEBOUND
16	MEXICAN BORDER WAR
17	WORLD WAR I
18	PRISONER OF WAR

**Table VA05 - Disability Retirement From Military**

Disability Ret. From Military? (#.362) field of Patient (#2) file

VALUE	DESCRIPTION
0	NO
1	YES, RECEIVING MILITARY RETIREMENT
2	YES, RECEIVING MILITARY RETIREMENT IN LIEU OF VA COMPENSATION
3	UNKNOWN

**Table VA06 - Eligibility Status**

Eligibility Status (#.3611) field of Patient (#2) file

VALUE	DESCRIPTION
P	PENDING VERIFICATION
R	PENDING RE-VERIFICATION
V	VERIFIED

**Table VA07 - Race**  
Abbreviation (#2) field of Race (#10) file

VALUE	DESCRIPTION
1	HISPANIC, WHITE
2	HISPANIC, BLACK
3	AMERICAN INDIAN OR ALASKA NATIVE
4	BLACK, NOT OF HISPANIC ORIGIN
5	ASIAN OR PACIFIC ISLANDER
6	WHITE, NOT OF HISPANIC ORIGIN
7	UNKNOWN

**Table VA08 - Religion**  
Code (#3) field of Religion (#13) file

VALUE	DESCRIPTION
0	CATHOLIC
1	JEWISH
2	EASTERN ORTHODOX
3	BAPTIST
4	METHODIST
5	LUTHERAN
6	PRESBYTERIAN
7	UNITED CHURCH OF CHRIST
8	EPISCOPALIAN
9	ADVENTIST
10	ASSEMBLY OF GOD
11	BRETHREN
12	CHRISTIAN SCIENTIST
13	CHURCH OF CHRIST
14	CHURCH OF GOD
15	DISCIPLES OF CHRIST
16	EVANGELICAL COVENANT
17	FRIENDS
18	JEHOVAH'S WITNESS
19	LATTER-DAY SAINTS
20	ISLAM
21	NAZARENE
22	OTHER
23	PENTECOSTAL
24	PROTESTANT, OTHER
25	PROTESTANT, NO PREFERENCE
26	REFORMED
27	SALVATION ARMY
28	UNITARIAN; UNIVERSALIST
29	UNKNOWN/NO PREFERENCE
30	NATIVE AMERICAN
31	BUDDHIST

**Table VA10 - Means Test Indicator**

VALUE	DESCRIPTION
AS	This Means Test category includes service-connected veterans and special category veterans. Special category veterans include: Mexican Border War, Spanish American War, or World War I veterans; former Prisoners of War; and patients receiving care for conditions potentially related to exposure to either Agent Orange (Herbicides) or Ionizing Radiation.
AN	This Means Test category includes NSC veterans who are required to complete the VA Form 10-10F (Financial Worksheet) and NSC veterans in receipt of VA pension, aid and attendance, housebound allowance, or State Medicaid.
C	This Means Test category includes those veterans who, based on income and/or net worth, are required to reimburse VA for care rendered. This category also includes those pending adjudication.
N	This Means Test category includes only non-veterans receiving treatment at VA facilities.
X	This Means Test category includes treatment of patients who are not required to complete the Means Test for the care being provided. The veteran was admitted prior to July 1, 1986 with no change in the level of care being received, i.e., if the patient was in the Nursing Home Care Unit (NHCU) on July 1, 1986 and has remained in the NHCU since that date with no transfer to the hospital for treatment, the "X" Means Test indicator will be accepted. This category also includes patients seen for completion of a Compensation and Pension examination and Class II dental treatment.
U	This Means Test category includes only those patients who require a Means Test, and the Means Test has not been done/completed. The Austin Automation Center (AAC) will not accept a PTF transaction unless the Means Test has been completed.

**Table VA11 - Period of Service**

<b>VALUE</b>	<b>DESCRIPTION</b>
0	KOREAN
1	WORLD WAR I
2	WORLD WAR II
3	SPANISH AMERICAN
4	PRE-KOREAN
5	POST-KOREAN
6	OPERATION DESERT SHIELD
7	VIETNAM ERA
8	POST-VIETNAM
9	OTHER OR NONE
A	ARMY - ACTIVE DUTY
B	NAVY, MARINE - ACTIVE DUTY
C	AIR FORCE - ACTIVE DUTY
D	COAST GUARD - ACTIVE DUTY
E	RETIRED, UNIFORMED FORCES
F	MEDICAL REMEDIAL ENLIST
G	MERCHANT SEAMEN - USPHS
H	OTHER USPHS BENEFICIARIES
I	OBSERVATION/EXAMINATION
J	OFFICE OF WORKERS COMP
K	JOB CORPS/PEACE CORPS
L	RAILROAD RETIREMENT
M	BENEFICIARIES-FOREIGN GOV
N	HUMANITARIAN (NON-VET)
O	CHAMPUS RESTORE
P	OTHER REIMBURS. (NON-VET)
Q	OTHER FEDERAL - DEPENDENT
R	DONORS (NON-VET)
S	SPECIAL STUDIES (NON-VET)
T	OTHER NON-VETERANS
U	CHAMPVA - SPOUSE, CHILD
V	CHAMPUS
W	CZECHOSLOVAKIA/POLAND SVC
X	PERSIAN GULF WAR
Y	CAV/NPS
Z	MERCHANT MARINE

**Table VA12 - Type of Insurance**

VALUE	DESCRIPTION
0	NO INSURANCE
1	MAJOR MEDICAL
2	DENTAL
3	HMO
4	PPO
5	MEDICARE
6	MEDICAID
7	CHAMPUS
8	WORKMAN COMP
9	INDEMNITY
10	PRESCRIPTION
11	MEDICARE SUPPLEMENTAL
12	ALL OTHER

**Table NPCD 001 - National Patient Care Database Error Codes**

Sample listing of possible values

VALUE	DESCRIPTION
100	EVENT TYPE SEGMENT
200	PATIENT NAME
205	DATE OF BIRTH
210	SEX
215	RACE

